

THE
MEDICAL EXAMINER,
AND
RECORD OF MEDICAL SCIENCE.

NEW SERIES.—NO. XCVI.—DECEMBER, 1852.

ORIGINAL COMMUNICATIONS.

Surgical Sketches. By W. E. HORNER, M. D., Prof. of Anatomy in the University of Pennsylvania, Senior Surgeon at the St. Joseph's Hospital, &c. &c.

A Military Hospital at Buffalo, New York, in the year 1814.

The concentration of numerous forces at this post early in the spring—the arrival of many officers of high grade—the accumulation of large amounts of military stores—the daily drills and parades lasting from eight to ten hours—the presence of Major General Brown in command, with the recently appointed Brigadiers General Scott and Ripley of the Regular Army, and the chivalrous General Peter B. Porter, of the New York militia, all led to the conviction that a great enterprize was at hand; and that the young medical aspirants of this division of the United States forces, and all of us who felt desirous of some degree of experience in surgical matters for our better instruction, were likely to obtain it before long. The cessation of the wars in Europe, by the abdication and downfall in April of the most renowned of moderns, the Emperor Napoleon, in leaving the

British veterans unemployed at home, was an assurance also that they would be brought into the field against us; and that a conflict of the most sanguinary kind for the numbers engaged was about to commence.

Each party sustained by its warrant of national bravery and enterprize, and stimulated by a belief of wrongs unjustly suffered, felt the desire of redressing them through the ultima ratio on the field of battle. On the one side, we had the institutions of our country to make good against an enemy of all others the most capable of prostrating them, and of reducing us once more to a colonial state. The Government of Great Britain, on the other side, had to assuage the recollections of the American Revolution, and to punish us for the audacity of a declaration of war against her, made at a time when she was too much employed in Europe to direct any large division of her forces upon us.

It was evident that a struggle of no ordinary might was at hand. The skill, the confidence, and the steadiness of the heroes of the Peninsular campaigns, who had fought under Wellington, were to be tried against the ardor, the impetuosity, and the devotion to country of American soldiers. Laurels gained were to be in the same field against laurels in hope or desire. The tramp of battalions, the display in line, the practised fusillade, the dashing evolutions of artillery, the mimic charges of cavalry, the shrill penetrating word of command as it rang through the air,* all served to keep up the military animation now glowing in the bosoms of the American columns.

*General Scott's voice at this time was as remarkable for its military tone, as his bearing and person were for their military contour. His stature is so well known in the United States, that it is scarcely necessary to say that he stood upwards of six feet. This favorite of that day with both soldiers, officers and the community, had risen very rapidly from the commission of Capt. of Artillery to the rank of Brigadier General. Opening his career of distinction at the battle of Queenstown Heights in 1812, as Lieut. Col., his valor on the occasion, and in the campaign of 1813, when Toronto (then Little York) and Fort George were taken, marked him out as one of the master spirits of the time. In 1814 he therefore appeared at the head of a brigade, and as the right arm of Major General Brown, an officer of great energy, but less practice than General Scott.

Such has been the rapid progress of our country in all the elements of power and of greatness since that period, that now are scarcely to be realized the difficulties and discouragements of its position then. It was at that period a much more responsible affair for the infant power of the United States to take a hostile attitude against the matured and colossal one of Great Britain than at present. This, however, is said in the most friendly spirit, and with a full desire that empires so capable of mutual injury and of disturbing the repose of the entire world, may both have the good sense and the high moral tone, to cultivate to the utmost reciprocal good will, and the commercial interchange of objects of national skill and industry, upon which the prosperity and happiness of both countries so essentially depend.

In the year 1813 I had seen but little service, my commission as Hospital Surgeon's Mate, dated July 3d, and signed by Gen. Armstrong, Secretary at War, having come to hand too late for any of the important field operations. The town of Little York, Upper Canada, had been taken, April 27th, and Fort George, at the foot of the Niagara River, on May 27th. The former with a very heavy loss, principally from the explosion of a British magazine; among the victims to which was General Zebulon Pike, the most promising officer of the time.

The American force at York consisted of about seventeen hundred men, and the British of about eighteen hundred. The former lost three hundred and twenty in killed and wounded, the latter about four hundred. Dr. James Mann,* Hospital Surgeon being attached to the expedition, says that the American column halted at a distance of four hundred yards from the enemy's batteries to reconnoitre, and that at this moment the explosion occurred, whereby sixty rank and file were killed, and one hundred and eighty wounded and mangled in a most wretched and deplorable manner, by the fall of stones which formed the magazine.

The attack on Fort George commenced by a heavy cannonade on the 25th and 26th of May, from Fort Niagara and batteries recently erected, and the assault was made on the 27th. In the attack on Fort George, the Americans had about four thousand troops, of which twenty-seven were killed and eighty-seven

*Medical Sketches, &c. p. 61. Dedham, 1816.

wounded. The British loss was estimated at one hundred and two killed and 175 wounded.*

The battle was fought near the shore of Lake Ontario. Dr. Mann, who was on the spot immediately after the action, says that he found on the high bank in a space of fifteen by two hundred yards near four hundred men either killed or wounded, the number being made up from both armies as they lay intermixed. The contest was evidently a very severe one.

Expeditions having a disastrous result were sent out afterwards, one to Stoney Creek, and another to Beaver Dam. In the first, the two general officers were taken prisoners, and the troops returned precipitately to Fort George. In the second, a brilliant command of six hundred men laid down their arms to a body of the enemy scarcely large enough to guard them, having been made by a course of strategy to believe that they were surrounded and on the eve of an attack from an overwhelming force.

Many capital operations both upon the wounded Americans, and English who were taken prisoners, resulted from these several actions.

On my arriving at Fort George in August 1813, the army was tranquil, and there was no special duty for myself. At that time, it had been determined that the forces should leave this position and make a descent upon Montreal.

The General Hospital was then at Lewistown under Dr. Mann. Nearly about this period more than one third of the soldiers of the army were on the sick report. Half of the medical staff attached to regiments were disabled. Of seven surgeons' mates belonging to the Hospital one died, three had leave of absence, and the other three were for a short period sick. At one time, with a sick list of some six or seven hundred men, only three surgeons were present for duty. The diseases were typhus and intermittent fevers, diarrhœa, and dysentery.†

From the preceding battles and from some skirmishes on the outposts, there remained many who, from the nature of their wounds, were incapable of further military duty.

A detachment of some seventy three such soldiers, of which I

*Mann, loc. cit. p. 62.

†Mann loc. cit. p. 66. et. seq. See appendix No. 1.

still have the original list, dated Sept. 20, and also the General Order directing their destination, was committed to my professional charge, under the command of Lieut. Whiting, 23d Infantry, with direction to take these "brave and unfortunate men" to Greenbush by Oswego, and that they be treated on the way with the utmost kindness and attention. Many of them had been most distressingly mutilated by the fall of stones at the explosion of the York magazine, and some still required surgical dressing. Military orders are of obligation, and the execution of them was instituted forthwith.

Dr. Mann. loc. cit. p. 94, has inserted the name Hugo, and there is also some mistake about the officer in command, it, according to him, being Lieut. Archer, regimental pay-master, instead of Lieut. Whiting. He may be in one sense correct, that the officers alluded to were possibly detached originally for the duty; but the documents in my hands show the persons who executed it to have been as stated by myself. The following general order and list of the invalids referred to is inserted, as upon it there may be names interested in the recent distribution of public lands to the soldiers of that period, and where the muster rolls and other authentic documents of service may have been lost, owing to the destruction by the enemy of the public archives at Washington by fire, the subsequent season.

Report of wounded soldiers, subjects for furloughs in the General Hospital, at Lewistown, Sept. 20th, 1813.

No.	Names.	Reg't.
1.	Jeremiah McDonald,—contracted hand,	15
2.	James McMinus,—fractured leg,	6
3.	Jacob Writer,—amputated leg and arm,	15
4.	William Hommy,—fractured leg,	15
5.	William Brady,—amputated arm,	2 Artillery
6.	George Walton,—amputated leg,	15
7.	John Leech,—wounded in the jaw,	6
8.	George H. Clair,—wounded in the foot,	15
9.	Abell Gussum,—amputated arm,	21
10.	Loran Pottle,—amputated arm,	3 Artillery
11.	Ransum Mix,—amputated leg,	6 Artillery
12.	William Cooney,—amputated leg,	22
13.	William Pinter,—wounded in the thigh and knee,	Rifle corps.
14.	Alexander Frazier,—wounded through the shoulder,	Rifle corps.
15.	Harvey Johnson—wounded through the knee,	21

No.	Names.	Reg't.
16.	James Hull,—fractured arm,	21
17.	Christian Shoemaker,—wounded in the back,	16
18.	Elijah Blodgett,—wounded through the neck,	23
19.	John Lawless,—wounded back and arm,	14
20.	Robert Davis,—wounded in the arm,	14
21.	Henry Corpe,—wounded in the wrist,	14
22.	Adam Feather,—wounded in the hand,	22
23.	John King,—wounded in the thigh,	2 Dragoons.
24.	James Andrews,—wounded in the leg and thigh,	2 “
25.	Lewis Myers,—broken arm,	2 “
26.	Henry Renchert,—wounded in the hand,	13
27.	James H. Nevers,—wounded in the thigh,	Rifle Reg't
28.	Guy L. Carpenter,—wounded in the shoulder,	“
29.	Edmund McKenny,—wounded thro' both thighs,	“
30.	And'w McGenly, wounded in thigh, and bad enough	14
31.	Jacob Dullas,—loss of eye sight (purblind.)	15
32.	Peter Robbins,—wounded stiff knee,	2 Dragoons.
33.	Jonas Horrington,—wounded in the shoulder,	2 “
34.	Thomas Hennessey,—wounded in the arm,	2 Artillery.
35.	Sergeant Nichols,—wounded in the shoulder,	3 “
36.	Sergeant Smith,—wounded thigh and shoulder,	2 “
37.	Patrick Mooney,—amputated arm,	6 “
38.	Timothy Ford,—wounded in the wrist,	2 “
39.	Sergeant Norton,—amputated leg,	14 “
40.	Thomas Broughton,—caries of the jaw bone,	6 “
41.	Samuel Benedict,—amputated arm,	23 “
42.	James Evens,—wounded leg,	15
43.	Sergeant Brown,—wounded in the thigh,	22
44.	David Parson,—amputated thigh,	Vol. corps.
45.	James Martial,—wounded,	23
46.	Wellehemius Slighter,—wounded,	“
47.	Lewis Rickmon, “	“
48.	Jonathan Patt, “	“
49.	Leban Cooper, “	“
50.	Daniel Brown, “	13
51.	John Rengleher, “	“
52.	Abel Parker, “	“
53.	Lewis Jones, “	“
54.	Eastman Corbin, “	25
55.	Waterman Horris, “	1 Artillery.
56.	Frederick Campbell, “	“
57.	Gian Lazino, “	“
58.	Thomas Moore, “	“
59.	John Lesso, “	“
60.	Nicholas Welch, “	“
61.	Jeremiah Nicholas, “	3 Artillery.
62.	Benjamin Shearman, “	14
63.	John Clemmons, “	“

No.	Names.	Reg't.
64.	James Conner, wounded	
65.	Allin Rell, "	
66.	James Nicholas, "	
67.	Joseph Webb, "	15
68.	Samuel Palmer,—amputated thigh,	2 Artillery.
69.	John Loudeman,—wounded,	"
70.	Joseph Davis, "	"
71.	John Beard, " loss of fingers,	"
72.	Thomas Borden,—wounded in the hand,	15 "
73.	William Pringle,—discharged.	

Greenbush was reached only on the 5th of November, and all further campaigning for the season was lost to the writer. This disappointment being unavoidable, it was hoped to retrieve in the present campaign (1814) the advantages thus missed.

Two brigades of regulars, one battalion of artillery, and, to which may be added, a brigade of militia volunteers and of Indians, under General Peter B. Porter, constituted the force of our army, amounting in all to four thousand men, or near it. This statement might be superfluous, but as the American force never exceeded that during the most active period, it exhibits a relation of force with that of wounded, which is of some importance. The generation which saw that array is now well passed away. It is only a few months ago that we read, as one of the remarkable occurrences of the time, that one hundred and fifty of the veterans of the war of 1812, had assembled in New York on some public occasion.

To the existing generation, who know Buffalo as it is, to wit, a well built, dazzling and opulent city, of from fifty to sixty thousand souls, with all the luxuries of modern times in it, its state at that period may be almost incredible. It has now an extensive mole, with a spacious harbor, which witnesses the hourly arrival and departure of magnificent and enormous steamers. At that time its creek was its only harbor, and that exhibited merely a few batteaux lazily drawn up along its shore, or some few canoes of the Indian tribes living in its vicinity. The place had literally no harbor which could be called such; the great Erie Canal was simply in cogitation, and the term rail road was unintelligible. The whole number of human habitations in the form of buildings was from eighty to ninety, small for the most part, and unfinished; there was among them but one brick house,

known as Langdon's tavern, and the majority of the buildings were what were called shanties. They were very much in the style of hog pens, with board tops, and their destination was to retail whiskey to the soldiers.

It is true Buffalo had been entirely burned up the preceding winter, but its population before then scarcely exceeded a thousand people, and the houses were indifferent wooden structures, from one hundred to two hundred in number. A thick forest, with its primitive growth, almost unmolested, and impenetrable, except by a bad, miry road, led from Buffalo to Black Rock.

They were both villages, and in a state of rivalry, as far as such a thing could go. Black Rock had the advantage of being the natural harbor for the lower end of Lake Erie, but as its shores were within short cannon shot of the British batteries on the other side, it afforded no real protection, except from the lake storms, less injurious at that time than the showers of balls. It had about ten houses in it. Lewistown, as Dr. Mann says, was a handsome site for a town, "the name of which it only bears," for it consisted of a few *log* houses.

The Falls of Niagara were in a primeval state almost, the only marks of civilization being an old saw mill at Fort Schlosser.

While I am on this subject, the facility of getting from Philadelphia to Buffalo may amuse younger readers. By leaving Philadelphia at 8 o'clock A. M., of one day, New York could be reached the next day at 11 A. M., by diligent travel, and sleeping at New Brunswick. Now, five hours accomplish the same distance. By leaving New York at 5 o'clock P. M., in the best steamer, and going all night, Albany was reached at 7 P. M. the next day. It took eighteen hours of constant travelling to go from Albany to Utica, and three days of severe travelling to go from Utica to Buffalo, all of which was great expedition in its time. Thirty-six hours in all will now pass the traveller from Philadelphia to Buffalo, near six hundred miles; and if rail-way cars be comfortable to him, he may sleep away any amount of that time. Instead of having his joints, as formerly, half dislocated by log roads from Batavia to Buffalo, and his tranquillity interrupted by the frequent announcement,

"very miry here, gentlemen, be pleased to get out, unless you want to stick fast in the mud,"* he passes very rapidly from one place to the other.

These reminiscences, in marking the progress of our country, may surprise some of the younger members of the profession; they also have their use, though they may not be exactly surgical. They show the difficulties and expense of the transportation of troops and of munitions of war, to what was then an almost isolated and desolate frontier post.

In those days the communications of the country were so bad, that it is said every cannon conveyed from Albany to Sackett's Harbor, cost one thousand dollars, and that the "flour for General Harrison's army in the North-west, stood at one hundred dollars a barrel."†

The encampments of the army at Buffalo were broken up about the first day of July, 1814. Orders were issued for hospital preparations, a number of tents were left behind for future sick service, and for the sick of the regiments then on hand. The present Eagle Hotel and Rail Road Depot of Buffalo occupy the part of the city upon which the hospital was opened. The entire area allotted to it was to the west of the principal street, upon the first rise of ground there in ascending from the Creek. The space was about equal to that of the State House Square in Philadelphia, perhaps longer, in being more of an oblong.

While in the act of getting the hospital ready for service, it received a visit from General Scott, the universal favorite of the day, for his gallantry in the preceding campaign. As he rode through the hospital grounds, in his usual dashing style, with his aids, he said in passing, "Well, Doctor, but little work here as yet." "No, General, we are looking for some." "You will get it before long," was his reply, and off he careered with his staff.

* Dr. Mann, (Med. Sketches, p. 94,) says of this road: "From Batavia to the Niagara river, was a tedious journey of forty miles, for sick men, and these roads, bad, at best," had been rendered almost impassable by heavy rains at the time he alludes to, October, 1813. Batavia then had forty houses.

† Ingersoll's *Historical Sketch*, &c., Vol. I., p. 283.

His promise was sufficiently kept, as the records of that celebrated period will show. It was the first time since the declaration of war that the tactics of an open field combat were tried. Line having been regularly displayed against line, each party directed by its special inspirations of skill and valor. There was, perhaps, never a campaign in which the belligerents came to a better understanding of what they might expect in battle at each other's hands; and where the leaders, though under the excitement of a state of war, left off with more military respect for one another.

The operations commenced with the crossing of the Niagara river near its head, at Black Rock, by the American army, under the direction of Major General Brown. This was accomplished on the night of the second of July, and early the next morning, Fort Erie, nearly opposite the place of embarkation, was invested. A few scattering fires were directed from the Fort, and it surrendered in the afternoon of the third. In this affair only two or three soldiers were wounded, one in the knee, by a grape shot, and another in the head, by a buckshot.

The first one must have had his knee in a flexed position at the time of injury, judging from the course of the ball. The ball entered on the end of the right tibia, opposite its head; it did not penetrate or injure the bone, but glancing obliquely upwards, came out in the inside of the vastus internus, just above the knee.

From the nature of this wound, and the pain the patient experienced, an unfavorable result was looked for. The patient was dressed with a pledget of lint, and a bandage, on the field. The day afterwards, he was brought to the general hospital at Buffalo. I removed the first dressing, washed the wound well with soap and water, and applied a pledget of lint spread with simple cerate, and confined it with a bandage loosely applied. The use of ardent spirits, then universal, and really considered as the water of life, (*aqua vitæ*) was forbidden. He was ordered to live on thin soup and boiled rice, and to keep the limb undeviatingly in a straight position. On the fourth day after the injury, the pain of the limb increased, and a swelling of the joint was perceptible; the part was so extremely tender to the touch that the patient could scarcely bear the falling of

the water on it from a sponge used in dressing it. A saturnine poultice was then applied; he was bled to the amount of a pint, and, in order to counteract the irritation of the wound, which had kept him sleepless since its reception, an opiate was given. On the morning of the fifth day the pain had abated in a measure, the swelling was stationary, and a small quantity of pus was perceptible on the surface of the wound. The poultice was renewed, and the opiate at night. This plan of treatment assuaged the violent pain; the sore got into a healthy condition on the tenth day. The suppuration became very copious and healthy, and the tension of the knee removed; everything was then dispensed with, except the daily washing of the sore and a dressing of cerate.

The suppuration gradually diminished, the cicatrix contracted, the knee became flexible, and, on the fortieth day after the reception of the injury, he returned to his duties in the line, in consequence of a general order for all convalescents of the hospitals, able to bear arms, to repair immediately to their respective corps.

The other patient, who was wounded in the head, was a boy of fifteen, much esteemed in his company for his gallantry and attention to his duties. He being on a scouting party, employed in exploring the adjacent country, the party was met at night in the woods by another of our scouting parties on the same business. They mistook each other for the enemy, and a firing ensued accordingly, in which one on each side was wounded, before they discovered their mistake. This boy was brought to the hospital the next day; he was in a comatose state, attended with delirium; however, when spoken to, his attention could be directed to the person who addressed him. The wound was extremely small, in consequence of being inflicted by a buckshot, was situated on the right temple, and had been closed up by the tumefaction of its edges, so that only a small bloody scab about a quarter of an inch in diameter, was visible. The temple was much swollen; he complained of great pain in the right ear and back of his head. The wound being closed, prevented the probing of it.

A poultice of bread and water (it being impossible to obtain milk,) was applied and confined by a bandage.

The patient, from his restless and painful situation, did not allow this to remain more than an hour or two; it was frequently applied, and as often displaced; it was given up the next day and the wound dressed with cerate. Third day, the appearance of the wound was not much altered, it had discharged a little blood and serum; the patient still restless, and moaning through excess of agony; his pulse was frequent and feeble. An anodyne at night. A little nourishment of soup was occasionally put into his mouth. The fourth and fifth day he was in pretty much the same situation as in the preceding, only it was more difficult to obtain his attention, the delirium and comatose state having increased. Death put an end to his sufferings on the morning of the fifth day.

On examining the head, it was found that the buck-shot had passed through the temporal muscle and entered the cranium through the anterior angle of the right os parietale, just before the squamous suture, penetrated through the dura mater into the substance of the brain, and passed through the cortical part of it, not far from the right lateral verticle, and lodged above the tentorium on the same side.

From the first day of July we had been busily employed, under the direction of Dr. William Thomas, Hospital Surgeon, in erecting hospital tents, procuring bunks and straw, and making every arrangement for the reception of a large number of wounded.

On the fifth of July the battle of Chippewa was fought, in which the first brigade, under General Scott, gained a complete victory over the enemy under General Riall.

Many prisoners, and most of the enemy's seriously wounded, fell into our hands, which, added to our own wounded, gave the surgeons of the hospital department as much business as they could well attend to. Many operations were performed on the field of battle, and all the wounded dressed there.

The entire loss in missing, killed and wounded, of the Americans, was estimated at three hundred and twenty-eight; that of the British was said to be much larger, owing to the effectiveness of the American musketry. The battle being fought on the banks of the Niagara river, the wounded were brought up in boats to the general hospital at Buffalo.

They were conveyed from the boats on Buffalo creek, to the hospital, a distance of three or four hundred yards, on blankets, the sides of which were nailed to poles nine or ten feet long. This formed an easy and convenient litter, by which four strong men could safely convey one wounded, without exposing him to the unspeakable pain from jolts, &c., which would be the inevitable consequence of transportation by wheel carriages. Besides this advantage of the litter, when the wounded soldier was to be placed on it, it was spread smoothly on the ground and he slipped gently on. It was then taken up carefully by the assistants and carried to the hospital, when the patient was either assigned at once to his tent, or placed on the hospital parade ground, as the convenience of dressing required. A litter thus constructed can be easily pulled away from under the patient without pain, and is, in that respect, much better than the brancard or the handbarrow.

The wounded on this occasion, for the most part, had this second dressing on the hospital parade ground; as they were brought up from the boats, and the weather was remarkably fine. They were then sent to their tents respectively.

The number placed immediately under my charge amounted to from sixty to seventy. After the battle of the 5th, a still more desperate battle, that of Bridgewater, was fought on the 25th. The details of this fight are of a most singular kind. It was intended by the British Generals, Drummond and Riall, for the 26th, but by accident came off on the 25th. It was characterized at almost every period by the desperation marking the storming and defence of a fortified post. The American force, it is believed, mustered not more than twenty-five hundred fighting men. The British force being recruited during the battle, exceeded ours. The battle lasted for five hours, and ended at midnight. The British Major General Drummond was severely wounded—the second in command, General Riall, was made prisoner. Major General Brown was badly wounded—General Scott also, General Ripley's hat was shot through. Every officer almost in the American lines bore marks of his participation in it, either by wounds actually received in his person or in his clothes. As I saw the remnants of this gallant force,

numerous were the cases of perforated hats—lacerated stocks—and gaping coats and vests; injuries which the difficulties of the times prevented their owners from readily repairing. Seventy-six officers, and six hundred and twenty-nine rank and file, were killed or wounded, of which number General Scott's brigade counted thirty-eight officers, and four hundred and sixty-eight rank and file. Of a force, then, of twenty-five hundred men, seven hundred and five were put *hors du combat* by the casualties of war, and it is thought that one hundred and fifty-five fell into the hands of the enemy.

The disorganization was so great from the loss of staff officers and soldiers, that it has been extremely difficult ever since to analyze this battle and show its precise results. The account published by the Hon. Charles J. Ingersoll,* corresponds more nearly with the camp rumors and conversations of the time, than any thing else I have seen, and it has perhaps the additional advantage of recurrence to original documents in the War Office, and of personal inquiry from the leaders on this celebrated occasion. It may here be suggested, should this medical sketch excite further interest as regards military matters, the same work may be very advantageously studied concerning the other operations on this frontier during the campaign of 1814. As to its precise accuracy, a verdict from other quarters will have more authority. One might suppose that in a military organization, every thing may be told with absolute accuracy, and this will be the case in a state of peace. But the tumult, confusion, and hurry of real military operations, and the want of even common personal or mechanical conveniences to make out reports and prepare records, produce to some extent an unavoidable inaccuracy. No man can see all at once even over a small space; he is therefore under the necessity of using the eyes and the testimony of others in the same difficulty with himself, and consequently aggregate results are the nearest approach to absolute facts.

Even in a military hospital, on such occasions, it is impossible to keep pace with the events in each ward or division of it. Much passes without being known at all—and much with being only loosely known. There are many occasions or periods in

* Historical Sketch of Second War, &c., chap. iv., Philadelphia, 1849.

which the mind is constantly engaged with present matters, and in thinking forwards; instead of thinking backwards, so as to collect, to compare, and to remember. A short lapse of time will obscure an impression or even efface it from the mind, and the advantage of it is thus sacrificed.

The British lost eight hundred and seventy-eight in killed, missing and wounded. All our serious cases of wounds were brought into the hospital at Buffalo; the lighter cases were left with the regimental hospitals. There were some few, but not many of the British wounded, taken prisoners, by no means so many as at Chippewa. Each side sustained fully its military renown, and each side claimed the victory. The regiments of the British line engaged in it have it still inscribed on their colors, according to the practice of their army on such occasions. By some it was considered as a drawn battle, and is still a subject of discussion in that respect in histories of that period. This battle was one of the most destructive field fights on record, for the numbers engaged.*

It crowded our hospitals so completely, that the attention of the surgeons was required unremittingly from early in the morning till night, besides the constant sick calls at night. At one time the author had the sole attendance and dressing of one hundred and seventy-three sick and wounded. My fingers became so sore from incessant dabbling in water and in pus, that I could seize nothing without pain, and was constantly liable to let articles fall, from the sudden twinges of agony in touching them.

The American army was so weakened by the battles of the 5th and of the 25th, that it retreated to Fort Erie, and there began to fortify itself. The British army, in the mean time, was strongly reinforced, and moving up began their operations against the position.

* Losses of opponents and their force on the field of battle, are, for the most part, conjectural, or founded upon reports through defective channels of information. Generally, losses on the hostile side, as well as amounts of force, are overrated on each side. The private official accounts rendered to the governments respectively, are the most accurate, because errors here might produce the most serious calamities in further operations.

Our pressure of hospital business continued till August the fourth, when an attack at Black Rock by a large force of the enemy, in view of capturing the munitions at Buffalo and the troops in the hospital, occasioned a sudden and general dispersion. Our requisitions for hospital rations for some days before this affair had been at eleven hundred, according to the steward's report.

The precise number of the wounded patients at this time, I have preserved no memorandum of, but it included a very large amount, as we had on hand those of both armies, somewhat intermixed; but the body of the British soldiers to themselves, in one division of the hospital. The wounded officers were generally quartered in the town, the soldiers being in tents.

The attack was made by twelve hundred men under Col. Tucker, and their operations were defeated by the gallantry of two companies of Riflemen under Major Morgan, who, having put up a breast-work of logs near the Conjocketa creek, a little below Black Rock, and removed the planks from the bridge crossing the creek, made his defence good at that point by cutting down the head of the British column as fast as it showed itself near the bridge. The fire was so destructive that the column would have been exterminated if it had persisted in its advance.

The danger of capture was so imminent, that while the action was in progress many of the patients of our hospital, who were capable of shifting for themselves, dispersed into the country, and others were removed to Williamsville, a small town of two or three hundred inhabitants, eleven miles in the interior.

At this place a general hospital was opened, and the writer placed in charge of the Buffalo one as a receiving hospital for the army now closely hemmed in at Fort Erie. The hospital at Williamsville had for its chief officers Drs. Ezek. Bull, W. Thomas, and T. Lovell. The latter was afterwards Surgeon General of the army, and had distinguished himself by his skill and zeal in the campaign of 1813, as well as in 1814, now going on. The hospital at Buffalo was directed to retain the most severe cases of wounds, and to send all others forward to the interior one, and to pursue this course for the remainder of the campaign. My care for the time was thus reduced to eighty or ninety, whose condition forbade removal. A phy-

sician in private practice in Buffalo, Dr. Coltrin, was allowed me as an assistant. He had been the partner in practice with Dr. Cyrenus Chapin, the oldest physician of the place. Dr. Chapin had been equally distinguished in his profession and by a military career. In the latter, he was Colonel of a regiment of volunteers, and had as such accomplished several remarkable feats of bravery, by his resistance to frontier attacks, by his hostile incursions into Canada, and by a singular re-capture of himself on Lake Ontario in an open boat, by rising, with some other American prisoners, upon his guard, and bringing boat and all into the American territory.

On the 15th of August, General Gaines being in command of the American forces, a general assault was made upon our works by the British General Drummond, the details of which are among the most stirring of the entire war. The British advancing in three columns before daybreak, two of these columns were repulsed with great slaughter. The third column, more successful, stormed the Fort, and while contending on a bastion for an hour for the final mastery, a magazine near it exploded and threw the column into the air; this made the repulse decisive. Nine hundred and fifty men of the British, Mr. Ingersoll says, were killed, wounded, and made prisoners, about one-third of their entire force. The American loss was but eighty-four. It was one of the most brilliant events of the campaign, and gave imperishable renown to the General in command. The conflict lasted about three hours.

Those killed at once by the explosion, were estimated at from two to three hundred. On the 16th the survivors of the wounded, amounting to one hundred and forty-three, were brought from the Fort to our receiving hospital at Buffalo, and shortly afterwards ordered to the Williamsville hospital. They were truly most pitiable spectacles of the havoc of such a battle. Some blackened over the whole face with the explosion of the powder, and their heads swollen to two sizes; some with eyes burned out; in others, limbs mangled and perforated by musket balls, with their clothes torn from their scarified backs, &c., &c. There was scarcely a detail of wound which was not exemplified among them. This was the third great battle fought

Our pressure of hospital business continued till August the fourth, when an attack at Black Rock by a large force of the enemy, in view of capturing the munitions at Buffalo and the troops in the hospital, occasioned a sudden and general dispersion. Our requisitions for hospital rations for some days before this affair had been at eleven hundred, according to the steward's report.

The precise number of the wounded patients at this time, I have preserved no memorandum of, but it included a very large amount, as we had on hand those of both armies, somewhat intermixed; but the body of the British soldiers to themselves, in one division of the hospital. The wounded officers were generally quartered in the town, the soldiers being in tents.

The attack was made by twelve hundred men under Col. Tucker, and their operations were defeated by the gallantry of two companies of Riflemen under Major Morgan, who, having put up a breast-work of logs near the Conjocketa creek, a little below Black Rock, and removed the planks from the bridge crossing the creek, made his defence good at that point by cutting down the head of the British column as fast as it showed itself near the bridge. The fire was so destructive that the column would have been exterminated if it had persisted in its advance.

The danger of capture was so imminent, that while the action was in progress many of the patients of our hospital, who were capable of shifting for themselves, dispersed into the country, and others were removed to Williamsville, a small town of two or three hundred inhabitants, eleven miles in the interior.

At this place a general hospital was opened, and the writer placed in charge of the Buffalo one as a receiving hospital for the army now closely hemmed in at Fort Erie. The hospital at Williamsville had for its chief officers Drs. Ezek. Bull, W. Thomas, and T. Lovell. The latter was afterwards Surgeon General of the army, and had distinguished himself by his skill and zeal in the campaign of 1813, as well as in 1814, now going on. The hospital at Buffalo was directed to retain the most severe cases of wounds, and to send all others forward to the interior one, and to pursue this course for the remainder of the campaign. My care for the time was thus reduced to eighty or ninety, whose condition forbade removal. A phy-

sician in private practice in Buffalo, Dr. Coltrin, was allowed me as an assistant. He had been the partner in practice with Dr. Cyrenus Chapin, the oldest physician of the place. Dr. Chapin had been equally distinguished in his profession and by a military career. In the latter, he was Colonel of a regiment of volunteers, and had as such accomplished several remarkable feats of bravery, by his resistance to frontier attacks, by his hostile incursions into Canada, and by a singular re-capture of himself on Lake Ontario in an open boat, by rising, with some other American prisoners, upon his guard, and bringing boat and all into the American territory.

On the 15th of August, General Gaines being in command of the American forces, a general assault was made upon our works by the British General Drummond, the details of which are among the most stirring of the entire war. The British advancing in three columns before daybreak, two of these columns were repulsed with great slaughter. The third column, more successful, stormed the Fort, and while contending on a bastion for an hour for the final mastery, a magazine near it exploded and threw the column into the air; this made the repulse decisive. Nine hundred and fifty men of the British, Mr. Ingersoll says, were killed, wounded, and made prisoners, about one-third of their entire force. The American loss was but eighty-four. It was one of the most brilliant events of the campaign, and gave imperishable renown to the General in command. The conflict lasted about three hours.

Those killed at once by the explosion, were estimated at from two to three hundred. On the 16th the survivors of the wounded, amounting to one hundred and forty-three, were brought from the Fort to our receiving hospital at Buffalo, and shortly afterwards ordered to the Williamsville hospital. They were truly most pitiable spectacles of the havoc of such a battle. Some blackened over the whole face with the explosion of the powder, and their heads swollen to two sizes; some with eyes burned out; in others, limbs mangled and perforated by musket balls, with their clothes torn from their scarified backs, &c., &c. There was scarcely a detail of wound which was not exemplified among them. This was the third great battle fought

in fifty days from the opening of the campaign, and it alone was enough to show the horrors of war. It would be impossible to recall the precise impressions of that period, the military man sees in such events the steps of his glory, but the surgeon has only the impression of the woes of war; of affrighted women and children leaving their homes precipitately to escape the bloody fury of an enraged enemy with his savage allies; he hears only the groans of the wounded, sees the horrid mutilation of their bodies, their want of comfortable accommodations and provisions, and the imperfect attendance from press of business. Since July the 2d, our hospital had been recruited by two pitched battles, one general assault upon our position at Fort Erie, by the defence of Black Rock under Major Morgan, and by a skirmishing, bombarding and cannonading, which had scarcely the interval of an hour from day to day.

These operations continued with but little interruption till Sept. 17th, when a sortie was made from Fort Erie. The besiegers were driven off from their works, and their cannon spiked or rendered useless, and three hundred and eighty prisoners were brought in. The American loss was five hundred and twenty-seven in killed, wounded and missing; the British loss six hundred and nine. Mr. Ingersoll says one thousand, nearly a fourth of their army. The sortie was a blow of consummate skill and daring, attended with the most heroic feats, in which General Peter B. Porter bore a conspicuous part. General Jessup considered it the most splendid achievement of the campaign.* This feat established the military fame of General Brown, who had resumed the command; and brought the campaign virtually to a close, as the subsequent part of it was comparatively uninteresting.

A final termination was put to the campaign on Nov. 5th, by the complete evacuation and blowing up of Fort Erie by the Americans. Offensive operations had now ceased to be thought of from the vast accession to the British forces; and the attention of government was directed exclusively to the making our own territory secure. The British Commissioners at Ghent, at this period, had commenced with the prefatory and absolute demand,

*See for a detail of it, Ingersoll, *loc. cit.* p. 151.

that an immense belt of territory, coterminous with our northern frontier of lakes and rivers, must be given up, all Michigan, all Illinois, one third of Ohio, and the navigation to the ocean of the Mississippi. Other terms equally humiliating were mixed up with these. Washington had been captured, and everything indicated a recurrence of the scenes of the American Revolution. The government proposed a conscription of one hundred thousand men to begin with for the next campaign. Happily more moderate views finally dictated the terms of peace, and the victory of New Orleans under General Jackson ratified them in the judgment of both parties.

After the blowing up of Fort Erie, by the American garrison consisting of Col. Hindman's command of Artillerists, the author was placed in charge of them, with great pleasure to himself, owing to the high renown they had acquired. This battalion had so distinguished itself during the whole of the campaign, as to attract even the commendation of the British officers, who had got the impression that it was under the direction of the most experienced French artillerists. They were quite surprised on learning that the officers were all Americans, and none of them beyond thirty years of age.

On the 23d of December the General Hospital was closed at Buffalo, and the patients sent to Williamsville. Being thus freed, my service for that campaign closed, and I left the station for Washington on the 24th, having in hopes promotion for the next campaign, as we then knew nothing of the pacific tone which the negotiations at Ghent had assumed.

From the preceding narrative, it will be inferred that every description of wound was to be met with, as from the musket ball, from the grape shot, cannon ball, fragments of shell—in fact all the missiles used in warfare. There were but few instances on either side of the bayonet wounds, as troops seldom close so much as to inflict them.

Men who have witnessed the conduct of others during protracted scenes of danger, are struck with the great disregard of life which seems to infuse itself into their habits. Man is the only animal who, from being naturally cowardly and afraid of pain and danger, gets so as to disregard them both. Dr. Mann (*Medical Sketches*, p. 175,) has remarked justly, that “long ab-

stinence, watchings and unremitted hardships, soon break down not only the spirits but strength of an army. But when well fed, the men cheerfully endure fatigue and cold, and expose themselves to the most threatening dangers, regardless of consequences. Familiar with death, the soldier soon forgets that the feeling of horror was once attached to its name. The love of country, honor, the pride of conquest, incite him to acts of heroism. When duty calls to confront the enemy, he obeys the summons with the same alacrity as when invited by the alluring voice of pleasure to his amusements." Even female followers of an army fall into this mood. Among us was one from Kentucky, remarkable for her height, muscular figure, for the loss of one eye, and for her volubility in oaths and queer modes of execration when jeered at or incensed. In the preceding year, her father and brother had been among the victims of a celebrated but execrable massacre at the River Raisin, of which she was witness. Storming with feelings of revenge, at the opening of this campaign, Betsey, dressed as a soldier, entered the ranks, and at the battle of Chippewa executed her firing with the precision of one of the line. Her company was much exposed, and her immediate comrades shot down; she nevertheless continued in line, until the Captain told her it was time to leave, that the wounded men required water and attentions, and that she had better serve them. She obeyed, came into Hospital with them, and was one of the most faithful and kind of nurses, notwithstanding her recklessness of conduct in other respects.

I remember, one day, in making my hospital rounds, a patient just arrived presented an amputated forearm, and in doing so could scarcely restrain a broad laugh; the titter was constantly on his face. "What's the matter? this does not strike me as a subject of laughter." "It is not, Doctor, but excuse me, I lost my arm in so funny a way, that I still laugh, whenever I look at it." "What way." "Our first Sergeant wanted shaving, and got me to attend to it, as I am a Corporal. We went out together in front of his tent, I had lathered him, took him by the nose, and was just about applying the razor, when a cannon ball came, and that was the last I saw of his head and of my hand. Excuse me, doctor, for laughing so; I never saw such a thing before." This occurred during the siege of Fort Erie.

Out of barracks it is common for messes of soldiers to cook at fire places made of two banks of turf, crossing at right angles like the ridges of the occipital bone. When not on parade, these places are the resort of groups of soldiers. On an occasion of the kind, one of the soldiers, standing on one foot, a cannon ball struck him on the head, and in doing so gave a whirl to the whole body upon the leg as he stood; the other leg flew out, as the headless trunk turned, and it upset a camp kettle of soup in the process of cooking. The soldier to whom it belonged was quite indignant at the loss, (provisions were then very scarce at the Fort,) and in his wrath he ejaculated, "could you not have lost your head without kicking over my soup?"

A patient who had lost his entire scalp to a level with the top of his ears, was the subject of unmitigated jeers by his comrades. Owing to the profusion of the suppuration, he was brought out daily upon the parade in front of the hospital tent, to have his wound washed and dressed. As there was some degree of regularity in the hour, it constantly attracted a circle of the more lightly wounded. It appeared that he had met with his accident from dropping behind to pick his flint, as he said, but it occurred as his regiment was moving forward into action, and the belief was that his motive was to save himself, instead of improving his flint. A party of hostile Indians on scout in the rear of the regiment, rushed upon him, he was felled with the butt of a tomahawk, and his scalp immediately stripped off in a large circular cut. He would after this have got the *coup de grace* from the edge of the tomahawk, but he feigned death; at this critical moment a scouting party of Americans fired upon the band of Indians, and they scampered away.

The battle being over, the wounded of the regiment were surprised to find their comrade alive, as he was considered a victim to the Indians. But the whole affair being now understood, it was a constant subject of merriment as his denuded cranium was exposed for the surgical dressing. One would ask him who cut his hair; another, how long it took; another declared that if the Indians were such close cutters, they should never touch his hair. And so it went on from mouth to mouth, each soldier trying his ingenuity at a question, as to what the wounded man had said on the occasion, how he managed it, and what the Indians said.

The crowd of wounded brought in by the field of Bridgewater reduced unavoidably attentions to individuals. The most possible was done, but it did not come up to the point. Under these circumstances many soldiers were treated in the outskirts of the hospital, by their wives or females having an attachment to them. With such assiduities, recoveries took place which would scarcely have followed in the ordinary hospital practice. A boy shot in the forehead, with the ball penetrating to the back of the neck along the base of the face, whom I had seen on his first arrival and dressed, and given up for a fatal case, I was pleasantly surprised some weeks after in finding in a state of convalescence. A soldier, shot through the lungs badly, was saved in the same way. So much for assiduous nursing, congenial food, cleanliness and good poultices.

(To be continued.)

A History of the Epidemic Cholera, which prevailed, during the summer of 1852, at Chambersburg, Pa. By A. H. SENSENY, M. D.

It is proposed, in the present communication, to give a brief history of the *epidemic* which prevailed in Chambersburg and its vicinity from the 15th of July, 1852, until the 31st of October of the same year. The unusual length of time the disease prevailed, and its extreme virulence of character, seem to demand that all the facts connected with its visitation and prevalence be placed upon record, and to justify the present undertaking.

Cholera, as an epidemic, or in a sporadic form, has made its appearance so frequently and so extensively in many parts of our country, that almost every physician of any experience is more or less acquainted with its nature; but as a great difference of opinion exists among physicians as to the predisposing cause of the disease, and the manner in which it is transmitted from place to place, together with other particulars connected with its appearance in one spot in preference to another, a few preliminary observations may not be deemed irrelevant or improper.

In the first place, I would give the reader an account of the weather during a few months immediately preceding the breaking out of the cholera, and also touch upon the character of the diseases occurring during the same period. Throughout the month of March there was little clear weather; it either snowed, rained, or was cloudy. The same may be said of the month of April. The principal diseases throughout these two months were pneumonic affections, inflammatory rheumatism, and some scattered cases of typhoid fever. During June, the weather was very unstable—only seven clear days intermingled with those that were either showery, cloudy or windy. Diarrhoea, and some few sporadic cases of dysentery, made their appearance during this month. From the 1st to the 13th of July it was dry, very hot, and no rain. On the 15th of this month we had the first case of cholera; the weather was then hazy and warm. From this period until the first of October, clouds, showers and warmth predominated. As I may observe in another part of this communication, vegetation was exceedingly rank and luxuriant, not only during the prevalence of the epidemic, but also antecedent to its visitation. Assuming, therefore, that certain degrees of heat and moisture, acting upon perishable matter, produce that state of atmosphere which is the predisposing cause of cholera, it will not be an easy matter to determine why one season should develop the disease, whilst another, precisely similar in all its characteristics, should be marked with a high degree of health, or, at least, free from any of those diseases approximating to cholera. In the description hereafter given of the locality of Chambersburg, mention will be made of *drains* and *sewers*, which might seem to act as auxiliary causes in the production of the disease—yet here the same difficulty meets us, for these constructions have been in existence for more than twenty-five years. In 1832, when the cholera first visited Chambersburg, this place was the great thoroughfare of travel between Philadelphia and Pittsburg, but since the opening of the Central railroad all that travel has been removed. The place may be regarded, therefore, as rather isolated in its situation, and enjoying for years a high character for health and salubrity.

These difficulties, which we encounter in endeavouring to discover any local agent, are calculated to dishearten the physician

and to deter him from a close investigation. That it is a vitiated and poisonous state of the atmosphere which induces the disease there can be but little doubt, and that persons badly fed and meanly lodged, and those having debilitated constitutions, are more susceptible to the *poison* than those in vigorous health and living in ease and comfort, are also indisputable truths. But why this miasmatic atmosphere should affect in one place and not in another—should bring sickness and death in one particular season and not in another similar to it—should carry off one individual of a weak constitution and pass by his neighbor similarly affected—are questions to answer which we must acknowledge ourselves utterly incompetent. We must content ourselves with regarding them as among the great *arcana* of nature, the solution of which, perhaps, is reserved for future generations. The wisdom of Providence is manifested in his works, and may we not suppose that in this matter, as in many others, perfect *knowledge* would not contribute to our happiness. We daily see things around us which we do not comprehend, yet we doubt not of their existence, or of the laws by which they are governed. May it not be so with respect to various diseases which seize upon and affect the human system. The effect we see and know, but the cause lies beyond our vision and comprehension. It was remarked, during the prevalence of the great plague in London, that the weather was singularly fine. The sun shone with unusual brilliancy and splendor, whilst the atmosphere appeared pure and lucent. Yet who doubts that the seeds of infection and death were floating densely through the pestiferous air, invisible to mortal vision, and beyond all scientific investigation?

Before proceeding to the history of this epidemic, it may be proper to give a brief description of the locality of Chambersburg, and of its immediate neighborhood, so as to furnish data for those who may desire to speculate about the local causes which may have developed the disease; as well as afford information to others, desirous of investigating fully and satisfactorily, every thing connected with the existence and prevalence of this fearful malady.

Chambersburg, the judicial seat of Franklin County, Pennsylvania, is principally situated on the bank of the Conococheague Creek (a small stream meandering southwardly into the Potomac,)

at the point where it receives the waters of the Falling Spring. The creek has its sources in the South Mountain—running about ten miles east of the town—which circumstance renders its waters somewhat turbid and discolored by the time they reach Chambersburg: whilst the Falling Spring, taking its rise from pure and clear springs, but a few miles from the town—pours its tribute into the Conococheague almost as fresh and translucent as when it receives it from the fountain-head. A short distance below the junction of these streams and nearly opposite the centre of the town, a dam has been constructed for the purpose of carrying on “Lemno’s Factory.” About one fourth of a mile lower down, another dam has been formed to serve the purpose of a common grist mill. To the north of the town across the creek, and to the east upon the spring, many other *dams* have been erected for manufacturing purposes. The principal streets in Chambersburg run parallel with the creek. These are crossed at right angles by four or five others. From the natural situation of the place all these streets are admirably well drained. That part of the town, on the west bank of the creek, lies on the side of a gently sloping hill, becoming gradually more precipitous as you advance westwardly. The basis of this section is slate intermixed with tumbling stone. The water used for domestic purposes, in this neighborhood is soft and clear. On the eastern bank of the creek, where the main portion of the town is located, the soil is limestone, covered with a stiff, red clay, overlaid with a stratum of dark rich earth. There are no marshes or ponds, of any account in the vicinity. Great attention has been paid to grading the streets and alleys—and a sewer has been built, leading from Main street to the creek—a distance of 500 feet, which carries off all the filth and waste water from the eastern and central parts of the town. It must be remarked, however, that this beneficial construction emits, sometimes during the months of July and August, an unpleasant effluvium. Lime, during the past season, was plentifully distributed—as indeed it has been during the summer months for several years past.

I have been thus particular in these details, as, during the progress of my remarks, I shall occasionally allude to them. Besides, it is my design, in this communication, simply to state all the facts connected with the locality of the place and neighbor-

hood—the incidents of the weather—heat and moisture, leaving it for those who are fond of investigating cause and effect to draw their own conclusions.

I now subjoin a tabular register of each day's observation, giving a condensed view of the greatest heat, with other meteorological notices, commencing with April and ending with September, 1852.

April. Six days, thermometer at and above 55° ; highest 62° . Two slight snows in this month.

The whole of this month nearly either rainy or cloudy, average height of thermometer 50° .

May. Fourteen days, thermometer stood at 70° and upwards—highest 82° . From first to sixth, clear and windy; remainder of the month either cloudy or rainy.

June. Twelve days, thermometer stood at 80° and upwards—highest 90° . Seven days clear, remainder showery, cloudy, or windy.

July. Twenty-five days, thermometer stood at 80° and upwards—highest 98° . First, cloudy and showery. From this to the 13th no rain, but cloudy and windy. Balance of the month either cloudy or showery.

August. Nine days, thermometer stood at 80° and upwards—highest 86° . Clouds and showers characterized the greater part of this month. But four days that can properly be styled *clear*; average height of thermometer 76° .

September. Five days, thermometer at 80° and upwards, highest 84° . Fourteen days, thermometer at 70° and upwards—average 74° . A greater part of the month either cloudy or rainy—with more clear days, however, than in August.

It will be observed, by inspecting the foregoing register, that clouds and rain predominated during the past summer months, with a higher degree of heat, so that the season may emphatically be denominated a *wet* one. As a consequence vegetation of all kinds abounded. Indeed, the luxuriance and redundancy of the vegetable kingdom not only attracted the attention of close observers, but was a subject of universal observation. Even upon our poorest slate farms, where the crops are most easily affected by any derangement of the weather, it was remarked that all the various crops were unusually abundant. It will also

be observed, that a drought of thirteen days preceded the first appearance of the cholera, though a heavy rain fell a day or two immediately before its breaking out on the 15th July.

The first case of the epidemic made its appearance in Main street, near the centre of the town, and about twenty paces from the entrance of the public sewer. It occurred on the fifteenth of July, and, what is singular, in the very room in which it made its appearance in 1832. Both the cases proved fatal. During this visitation the patient was seized in the early part of the evening with diarrhœa, for which his family physician prescribed. About the turn of the night, vomiting came on, and by four o'clock in morning he was collapsed. His appearance was now entirely changed, presenting a livid hue, with a cold clammy skin, and a feeble pulse; at noon he died. On the evening of the same day a lady in the adjoining house was taken with diarrhœa. About four o'clock in the morning I was called to see her. I found her pulse nearly extinct, with a cold clammy feeling of the skin, her lips livid, tongue cold, eyes sunk deep in their sockets, in short her whole system was shrunken and cadaverous. She was bathed in a cold perspiration, her fingers shrivelled, "white and corrugated like those of a washerwoman after a hard day's work." Her voice was husky, but her mind sound and unimpaired midst these ruins of organic life. She continued in this state until evening, when she expired.

The next case occurred on the 26th. This was that of an old man, yet he lingered several hours longer than either of those I have described. From this date until the 31st, no deaths occurred. On the latter day there were five deaths from cholera, all differing in complexion. Two of these cases were stout, healthy and temperate men—one, a widowed lady living retired and in easy circumstances—one, a young colored girl, and an intemperate colored man. One of these was distinguished by the length of time the cramps and pains continued. Up to a short time before her death, she gave utterance to violent screams, attesting her great agony and suffering. From the 2d until the 12th of August sixteen deaths were registered—all of this disease, varying somewhat in character and duration. A remark may here be made as to these sixteen cases, and applied to any period throughout the continuance of the epidemic, viz: That the fatal pest seemed

to attack at random—bringing both young and old, temperate and intemperate—the man enjoying apparently vigorous health, and him of a weakly constitution, all under its baneful influence. From the 12th to the 20th there were eleven cases. Most of these were colored persons, and some of very loose habits.

From this date until the 30th, a suspension of the epidemic took place. No case occurred, and the citizens were flattering themselves that the danger was passed, and were congratulating each other upon their escape from its ravages, when suddenly, upon the 30th, it re-appeared, and continued its course with recruited vigor. During the month of September there were thirty-five deaths. It was in this month that the epidemic assumed its most aggravated form. The cases generally were more rapid, terminating in from six to eight hours. In one case that occurred on the 17th, death ensued in five hours from the time of attack. In another case, that of a stout and healthy man, who died in six hours after being attacked, I observed a peculiar twitching and muscular motion of the arms and legs, about thirty minutes after he had ceased to breathe. The urinary secretion in nearly all of the cases was diminished, and in many entirely suppressed. Symptoms of greater gravity characterized the disease as it progressed. The unmistakable cholera countenance made its appearance simultaneously with the attack. The eyes at once became sunken in their orbits, blood-shot, and surrounded by a black circle. The lips were livid—cramps of the extremities and abdomen, so harrowing in some of the first cases, became slight and feeble. So powerful was the poison that the system was at once depressed beyond reaction. The respiration was quick and difficult—pulse rapid—varying from 100 to 120. In some few cases there was an apparent suspension, which, however, lasted for a short time only. In the course of a few hours, the disease resumed its fatal progression. With the small number of patients who recovered after collapse had taken place, the symptoms continued gradually to improve. The respiration became slow, the pulse feeble and slow, and the thirst less intense. The convalescence, however, was tedious, requiring several days before they could leave their beds.

Several cases occurred during the month of October, but at

longer intervals. The weather, however, was unusually warm for the season, and it was not until the frosts of November made their appearance that it entirely disappeared.

In giving this account of the epidemic, I have confined myself to the town of Chambersburg. Many cases occurred in the adjoining districts, some of which I attended; but I have not thought proper to connect their history with those of this place, though I have included them in giving the gross number of deaths.

After having described the locality of the operation of this erratic pest—given an account of the state of the weather antecedent to its appearance and during its prevalence—together with a history of the cases, it may not be amiss to make a few remarks relative to the *treatment* pursued. And here I find myself at a loss, for I can necessarily only speak of my own mode of procedure. I consulted, however, with some of my brother physicians, and I am happy to state that I found their observations, experience, and manner of treatment, to coincide generally with my own.

As it has already been remarked, cholera presents several stages in its progress. The various phenomena of the disease had to be encountered with various remedies, adapted to that particular stage. If called in when the first symptoms were prevailing, the grand object was to arrest the diarrhœa. The agents used for this purpose were opium and its preparations, sugar of lead and other powerful astringents. The onset of the attack, generally, was easily checked, and, if prudently watched, its further progress was prevented. Many, however, were not alarmed by the simple alvine evacuations, particularly when unaccompanied by pain, and thus carelessly suffered the insidious foe to enter the citadel, before aroused to a true sense of their danger. In most cases that I attended, such was the case; diarrhœa had been permitted to continue—sometimes for days—before they thought of calling in medical aid.

During the continuance of the diarrhœa, purgatives of any kind, even laxatives, were found to aggravate the disease. Calomel, which has been recommended by so many writers as a *Sampsonian* remedy, I found invariably to accelerate the collapse, even when administered in the minutest portions. When

I found the patient approximating to this fatal stage of the disease, and when actually fallen into it, recourse was had to still more active remedies. In addition to the medicines already mentioned, (which were continued throughout the entire course,) recourse was had to ammonia, camphor, brandy, wine and other stimulants, to sustain the sinking powers of the system. Hot outward applications, sinapisms to the stomach and extremities, stimulating liniments, accompanied with friction, were added to the number of remedial agents. If, happily, this active manner of treatment succeeded in arousing the collapsed patient and arresting its further progress, then small doses of calomel or blue mass, combined with small portions of opium to restrain its operation, were found serviceable in restoring the liver to its proper functions. The greatest care, however, had to be given to their diet, for the slightest deviation from the strictest rule, invariably endangered a relapse. But the inveterate nature of the disease most frequently thwarted the most anxious attention and watchful care, and when the too sanguine physician imagined that he had succeeded in effecting a cure, he suddenly found himself deprived of the object of his deepest solicitude. The fell monster seemed to take delight in baffling the most active efforts and eager expectations, and moved from victim to victim with a tenacity of purpose equalled only by his almost unrivalled success.

Remarks.—The symptoms of all these cases were identical in character with those of the disease in this country in 1832. The most perceptible difference between the cases which I have mentioned, and those which occurred during its first visitation, consisted in the latter being more aggravated and fatal. In most cases during the present epidemic, a few hours sufficed to determine the fate of the victim. So rapid and vigorous were the attacks of the disease in many cases, that, notwithstanding the general alarm upon the subject—and the eager anxiety to procure medical aid as speedily as possible, frequently before assistance could arrive, the first stage of collapse had taken place. In a few cases that I attended, even when called to the patient when first attacked, the disease continued to progress with such frightful rapidity that the fatal collapse stared you in the face in the midst of all the appliances and medical means which had

proved beneficial to others. My experience corroborates what has been remarked by nearly every medical writer upon this subject, viz : that when the patient once passes into the state of collapse, very little can be done for him. Death almost universally ensues.

The unmistakeable identity which connects the cases of the past season with those of 1832, leads us to inquire respecting the origin of this disease, and why the atmosphere of Chambersburg should, apparently, present a congenial field for its operations. This question affords ample scope for philosophical investigation. I shall confine myself, as already intimated, to a simple statement of facts.

The first cases of cholera in 1832 occurred immediately after a heavy fall of rain, which had been preceded by several weeks of dry weather. It will be seen by reference to the accompanying register that the appearance of this disease on the 15th of July last was ushered in by a copious shower of rain. During the two previous weeks the weather was very dry and hot. The same remark is applicable to its intermission and re-appearance during August and September. On the 18th and 19th of October, some cases occurred, all of which proved fatal. From this until the 30th, the weather was dry, warm and clear. On that day it rained heavily, and on the 31st, two cases of cholera made their appearance, which, however, yielded to medicine.

Whether these changes in the atmosphere had anything to do in developing the disease, or were simply remarkable coincidences, I will not pretend to decide, leaving it for those more conversant with atmospheric mutations to form an opinion. I am inclined, however, to believe that a vitiated air, acted upon by some sudden and exciting cause, is the principal agent in the production of certain diseases and their concomitant consequences.

In view, then, of all the facts and circumstances connected with the existence of the late epidemic in Chambersburg, must we not regard it as somewhat remarkable that a town, hitherto celebrated for the high degree of health enjoyed by its inhabitants, should suddenly, after an interval of twenty years, be visited by a scourge so formidable and deadly in its character? A town, too, in which the civil authorities had taken the precau-

tion to have all the streets and alleys thoroughly cleaned and limed, in which an unusual degree of care was bestowed upon the dwellings of the citizens, and the quality and kind of their food—should be so severely attacked and for such a length of time, is one of those mysterious movements in nature for which which it is impossible to account. More than one hundred and thirty persons were swept away in the town and neighborhood by this terrible pestilence, without any perceptible difference between this season and many preceding ones, and, with the exception of the town of Mifflin, not another place in the State was similarly affected.

Adhesive Plaster, as a valuable Constituent in the composition of various Apparatus used in Surgery. By D. GILBERT, M. D. Professor of Surgery in the Medical Department of Pennsylvania College.

The article in the last number of the Examiner, from the pen of Professor Gross, of Louisville, Ky., on the uses of *adhesive plaster*, is valuable not only on account of the information which it embodies, but in calling the attention of the profession to the subject and eliciting its experience. The introduction of the machine-spread plaster is comparatively recent, and hence, in all probability, many valuable uses to which its convenient form has adapted it in the hands of numerous practitioners, have not yet been made public. Dr. Gross alludes to published reports of its use in the treatment of compound fractures of the bones of the leg and of fracture of the clavicle, as confirmatory of its value; and very clearly proves that the credit of first introducing the plaster, as an extending medium, is due to Dr. Swift, of Easton. Having used adhesive plaster very extensively for surgical purposes other than as a mere retentive means in wounds, I propose to furnish to the profession some of the most valuable uses to which I have applied it.

1. As Dr. Gross had evidently not read my report of the use of adhesive plaster as a *counter-extending bandage* in fractures of the thigh, as published in the *American Journal of the Medical Sciences* for January, 1851, p. 71, I infer that my ac-

count of its use may have escaped the notice of others; I would, therefore, here ask attention to what is there stated. In addition, I think it proper to state, that since then I have treated two other cases of fracture of the thigh with equal success, by means of the adhesive counter-extending bandages. In neither case was the pressure of the counter-extending bandages complained of, although the tension was kept up during the entire period of treatment. One re-application of the plaster bandages was sufficient. There was no perceptible shortening, and the undisturbed state of the fractures contributed doubtless to a more effectual and speedy union than is usually had by the ordinary treatment.

2. *Morbus Coxarius*.—In the early stages of this disease an entire investment of the parts usually covered by the splint, has been followed, in my hands, with the most pleasing results. The plaster is cut into strips of convenient length and breadth, and applied diagonally, overlapping each other, and then another layer crossing the strips of the first at salient angles. Additional strips may be applied from the pelvis to the thigh and leg, so as to restrain motion. Over this, in the cases of children, a splint made of starch and roller, fullers' boards, or any of the moulding tablets in use, may be worn to insure greater quiescence to the joint. Besides keeping the parts immoveable, the plaster acts as a mild counter-irritant, affords equable pressure, and reduces the swelling as in orchitis.

3. *Club Foot*.—In the treatment of the various degrees of varus, I use the following apparatus:

a. A steel sole adapted to the foot, having a process extending half an inch horizontally from the outer edge of the sole, and then rising one inch perpendicularly.

b. A steel leg piece, with half a circle at its upper extremity, which should be padded on the inside, by which it is attached to the leg below the knee, with buckle and strap. The process of the sole is constructed so as to receive the lower end of the leg-piece, to which it is fastened by a screw. The leg-piece has a joint opposite to the ankle, which is controlled by a screw.

c. A piece of adhesive plaster two and a half times the length of the foot, the width about one-fourth of the length of the plaster. Cut two-thirds of the width of this piece of plaster

into strips transversely, leaving them attached to each other by the remaining third.

Application.—After cutting *all the tendons* at fault, at one operation, by subcutaneous section, bring the foot into its new position, and whilst held there by an assistant, apply the steel sole, and give it in charge of an assistant; then take the adhesive plaster, and apply the centre (or bight) of the uncut third to the heel, so that this is well caught, and then along each side of the foot to the dorsum, crossing over the anterior extremity of the middle metatarsal bone; carrying each extremity forward and passing it over the sides of the toes, down to the anterior extremity of the sole. The lateral strips are now drawn firmly over the sides of the foot, and made to overlap each other on the sole, fixing this firmly to the foot. The adhesive plaster and sole, thus applied, cover the foot to the extent usually occupied by a low quartered slipper. The leg-piece is next attached to the perpendicular part of the process of the sole, and buckled to the leg below the knee. Additional adhesive strips may now be applied over the foot, and extended down to the sole, so as to keep the foot firmly fixed in its new position. The foot is then elevated for a few days, and cold water may be applied, if necessary, to keep down tumefaction or inflammation. After this, the patient may be allowed to walk upon the foot. The great advantage gained by the use of this method of treatment is, that the foot is brought into its new position *at once*, and the use of the adhesive plaster obviates all the inconveniences usually experienced from pressure and abrasion when laced shoes or straps and buckles are used. The adhesive plaster becomes attached to the skin, and unites the sole, itself, and the foot, as it were into one body, and thus takes away all partial pressure and friction, and diffuses these, through the elasticity of the skin, over the entire foot and ankle. Laced gaiters made upon the steel sole may be substituted in two or three weeks.

4. *Torticollis.*—After sub-cutaneous section of the sterno-cleido muscle, in the usual manner, I use the following apparatus:

a. A strap of adhesive plaster one and a half or two inches wide, and long enough to reach from the temporal region of the

sound side, passing close to larynx, to the temporal region of the affected side.

b. A portion of common suspender, tacked to the adhesive plaster, and long enough to reach from the last point named, over the vertex to the ear of the sound side.

c. The double tug of a suspender with its buckle.

d. A crescent-formed axilla pad, stuffed with any soft substance, having a button at each extremity.

Application.—The adhesive plaster is applied from one temporal region immediately anterior to the ear, to the other, the suspender attached is passed over the vertex, the free extremity of this is passed through the buckle of the tug, and each end of the latter is buttoned to the corresponding extremity of the axilla pad placed in the axilla of the sound side. A compress is placed over the divided ends of the muscle and confined by adhesive strips.

The pathological position of the head may now be altered at will, by drawing the free end of the suspender further through the buckle. The ear of the affected side can be made to recede from the shoulder which it had approached, and the chin to rotate from the sound shoulder, so as to correspond with and become fixed in the mesial line of the body.

Philada. Nov. 24th, 1852.

Review of M. Bernard's Theory of an Hepatico-Renal Circulation. By D. B. PHILLIPS, M. D., Assistant Surgeon, U. S. N., and Member of the Academy of Natural Sciences of Philadelphia.

In reviewing the recent theories upon physiology, I have met with nothing so well calculated to arrest the attention, as the assertion of M. Bernard regarding the functions of the inferior vena cava, renal, portal, and azygos veins, during the process of digestion.

His views may be briefly stated as follows: Whilst the digestive process is going on, the portal veins imbibe the fluid contents (or a sufficient portion of them) from the stomach, and thus become engorged; the liver not being able to receive the whole of

this, and still carry on its healthy office, a portion of this blood is sent into the inferior cava by a direct communication between it and the portal vein; this blood, charged with the materials absorbed from the stomach, passes up the vena cava until within a short distance of the diaphragm, here the coats of the inferior cava contract upon its contents, forcing the blood down again as far as the renal veins, but owing to the existence of valves just below the mouths of these veins, it cannot pass lower down, but is forced to enter those veins and thus pass on to the kidneys, where any poisonous properties are eliminated, without having entered into the general circulation. The blood from the lower extremities, he thinks, is returned to the heart by means of the two azygos veins, which, he affirms, have their origin below the valves before alluded to. It is with very great diffidence that I attempt an investigation, or presume to question such high authority as M. Bernard's, yet it seems to me that there are some insuperable objections to his theory when applied to the human subject. In the first place, after having witnessed careful dissections made for this purpose, I have never been able to discover any trace of the communication between the inferior cava and the portal vein, other than through the hepatic veins. Secondly, anatomists tell us that there are no valves in the inferior cava: this is positively affirmed by Mr. Wilson. Thirdly, the same author tells us, that the azygos veins frequently anastomose with the renal veins; in which case it would be evident that the existence of valves in the inferior cava would be no hindrance to the passage of the blood of the portal veins into the general circulation. These reasons alone seem to me sufficient to refute M. Barnard's theory: but apart from these, there still exist others of even more stubborn nature. Suppose we admit the existence of communication, valves, and proper arrangement of the azygos veins, as stated by M. Bernard. Then during the whole digestive process, there must of necessity be an antagonism between the renal arteries and veins; the first driving arterial blood into the kidneys, with all the force of a powerful muscle, such as is the heart, and the other acting only by the comparatively feeble contractility of the coats of the cava, it would be self-evident that the latter would be prevented from entering the kidneys from the little resistance it could afford. But even were the antagonism

perfect, and did both vessels discharge their contents into the kidneys with equal force, then for the space of fifteen hours out of the twenty-four, the kidneys would become the recipients of an amount of blood, even quintuple the quantity of urine evacuated.

If M. Bernard's theory is correct, there could of course be no blood returned from the kidneys during the whole process of digestion—now, adopting five hours as the length of time occupied in this process, and allowing three meals per day, we should have no circulation in the kidneys, (or rather no return of blood from them) for fifteen hours out of the twenty-four. What then becomes of the enormous amount of blood which has been driven into these organs by both arteries and veins during the whole of this period? M. B. has given us no solution to this mystery. Thus, then, to sum up: The communication between the vena cava and portal system cannot be demonstrated; except, perhaps, as an abnormal occurrence in the human subject. The existence of valves in the inferior cava are denied by the best anatomical authority. The existence of anastomoses between the azygos and renal veins, proven to be of frequent occurrence; and, above all, there still exists the objection, that the kidneys receive an amount of blood vastly exceeding the quantity of urine eliminated. I think that with these difficulties unexplained, that we must even hesitate to adopt a theory which, although beautiful in its design and imagination, seems thus far at least to be wanting in facts and reasons to support it.

CLINICAL REPORTS.

*Pennsylvania College, Ninth below Locust street. Service of
Professor GILBERT.*

Reported by W. H. GOBRECHT, M. D.

October 23d.—CASE XXIII. *Resection of Superior Maxillary.*—In presenting a patient with Tumor of the Superior Maxillary bone, Prof. Gilbert made the following prefatory remarks upon the subject of tumors generally:

Tumors are divided into two great classes, viz.:—

1. *Malignant or Heterologous.* 2. *Benign or Analogous.*

The *Malignant*, in bones, are of two orders. 1. *Osteo-cephaloma*, which is a brain-like degeneration of the bone, whilst the surrounding tissues are healthy. 2. *Osteo-carcinoma*, where the affection is of a cancerous character.

The *Benign* has five species, viz.: 1. *Exostosis*, which is an outgrowth or extension of surface, and may be either *hard*—which occurs upon flat bones not often calling for removal—or *cancellated*, which, existing principally on the extremities of long bones, interferes with the action of the muscles and frequently demands removal. After these operations, inflammation and suppuration generally follow; we therefore dress with a dossil of lint, and heal from the bottom of the wound. 2. *Osteoma*, an enlargement of the entire circumference of the bone. This may degenerate, and then we remove, if possible, by amputation. 3. *Enchondroma*. This is a fibro-cartilaginous tumor connected with the osseous structures. Enchondromata are of two varieties. 1st. That developed within the substance or cavity of the bone, distending it. The 2d is dense and peripheral, growing from the periosteum and covered by a thin bony pellicle. 4. *Osteo-cystoma*, (of which spina ventosa is a form,) occurring in the lower jaw and in the long bones. In this form of disease we lay open the cyst and destroy it by cauterization. 5. *Osteo-sarcoma*. This is more difficult to distinguish from the malignant orders of tumors. It is a mixture of bony, cartilaginous and fleshy structures. A large and beautiful specimen of this description of disease, involving the upper part of the thigh and

requiring amputation just below the hip joint, is preserved in the museum of this Institution.

The case before us is diagnosed to be an *Enchondroma*. The patient, Eliza McB——, of New Jersey, married, aged 32, states that about 11 years ago, a firm and hard swelling was noticed on the right side of the face, which slowly increased; latterly its growth has been more rapid, so that it now presents the enlarged appearance exhibited in the accompanying cut by Gihon, from a daguerreotype of Laughlin's.



The tumor, which is as hard as bone, involves the right superior maxillary, and extends from the base of the alveoli below to the orbital process above; is terminated externally by the malar process, and internally covers its nasal portion. The palatine plate is undisturbed, and the alveoli not involved; the nostril is not much obstructed, the tears passing freely into it, whilst the breathing is good. The eye is but slightly irritated. Very little pain exists. There is no dyscrasia, no lemon tint of the skin. The patient is neither wan nor spare. The age is favorable, and all these, together with the firmness, slowness of growth and small size, indicate most positively that its nature is *benign*. Hence we may safely state that there will be no return of the disease.

In all probability it is an *Enchondroma* springing from the anterior surface of the superior maxillary, but in going into the

operation, we shall be prepared to remove the entire bone, should we discover it to be involved. Prof. Gilbert states that he has removed the superior maxillary entirely in one case, and the maxillary and malar bones in another, within the last eighteen months.

The patient being seated, an incision was made from near the inner canthus of the eye to the angle of the mouth, and the flaps thus formed dissected up from their attachments, the ala of the nose being separated from the side of the anterior naris. These flaps being then held aside by copper spatulæ and the fingers of assistants, the exposed tumor was circumscribed by a strong scalpel, and (that which proved to be) its anterior portion partially, broken away. At this stage of the dissection it was discovered that nearly the entire bone was involved, the removal of which (with the exception of a part of its posterior wall,) together with the palatine process of the palate bone, was effected by first dividing the tissues investing the roof of the mouth a little to the right of the mesial suture, as far back as the palate bone, at which point a transverse incision was made for the purpose of saving the attached soft palate. The globe of the eye, with its inferior muscles, was then separated from the orbital plate by careful elevation and dissection.

Strong cutting forceps were then applied by the mouth and right naris, but being forced to the left by the tumor, dislocated the septum narium and divided the palatine arch and alveoli on that side of the nasal crest. The malar process was now divided on a line extending into the anterior extremity of the spheno-maxillary fissure with Heys' saw and the bone nippers. The nasal process was next divided by pointed forceps high up, and the ethmoido-maxillary suture opened with a strong scalpel. The osseous connexions were now entirely divided, by drawing the superior maxillary forwards, and all adhering soft tissues detached, carefully preserving the continuity of the lateral half arch of the palate.

The hæmorrhage was not alarming, no ligatures being employed during the operation.

The actual cautery was now applied to every part of the cut surfaces, from which oozing was perceived, except the integumental edges, which, after stuffing the cavity left above the mouth with wads of lint, were brought together, and thus retained

by four fine and two hare lip gold needles, and the twisted suture, with intervening adhesive strips.

The patient bore the operation with great firmness, having been put under the influence of anæsthetic agents in the commencement of the operation only. The amount of blood lost did not exceed twelve ounces. The action of the heart was depressed, but complete syncope did not occur. Her pulse soon rallied after the operation, when she was carried to bed. There was a little reactionary hæmorrhage, which was controlled by pressure upon the facial artery where it mounts over the lower jaw, and the application of cold water. Anodynes were administered to allay pain and procure sleep.

No untoward symptoms were manifested during the after treatment. The pulse never exceeded 90 beats in a minute, and no excited action beyond that necessary to repair was at any time observed.

25th.—The four small needles were removed to-day and some of the lint wads.

27th.—All the remaining needles and wads were now removed, and union by the first intention found to exist throughout the entire extent of the wound. Adhesive strips were re-applied, and other wads of lint, saturated with Creasote water, introduced to obviate the foetor of the discharge.

On the 30th, precisely seven days after the operation, the patient was taken to her home in South Camden in a carriage, and the case has progressed favorably since—there being but very little deformity of the face perceptible.

Appearance of the removed Bone and Tumor.—The outlines of the bony mass were perfectly normal. All the cut surfaces were unchanged in structure. The fibrous degeneration or enchondroma composing the tumor extended into the antrum and filled it, with the exception of the posterior and outer fossa above the dens sapientiæ. The anterior surface, the inferior spongy bone and the nasal wall are involved and lost in the adventitious formation. The ultimate structure of the tumor having been submitted to microscopic examination by Prof. F. G. Smith, it was found to consist of fibrous filaments and cells, free from any admixture of malignant corpuscles.

October 27.—In the case (No. VIII.) of Mary W—, previously

operated upon, (Oct. 9th,) for disease of lachrymal sac, the style was removed, then cleansed and returned, after the duct had been injected with the following:

R. Creasoti gtt. vi.
Aquæ f. ʒj.

CASE XXIV.—*Acute tonsillitis*.—Mary R——, aged 21, was affected a week since, with general fever, and pain and swelling in throat from enlarged tonsils. She was purged with a solution of Sulphate of Soda and Tartarized Antimony, and the inflammation was thus reduced to the subacute stage, in which it has been kept until this time. The same general treatment was ordered, and the application of solid Nitrate of Silver, was made to the enlarged glands.

CASE XXV.—*Strabismus Convergens* of left eye, the result of accident.—John W——, aged 24, fell with his face in a gutter, at three years of age, since which time the sight in it has been very poor. This case, then, is not congenital; and Dr. Gilbert questions whether strabismus is ever really congenital, believing that it comes on soon after birth as the result of some one of the accidents or diseases common to children. In the case in point there was, in all probability, concussion of the brain from the fall, and perhaps a slight effusion of blood, convergent strabismus supervening.

The *proximate* cause of this affection, it was further remarked, is shortening of one of the four recti muscles of the globe of the eye, but the oblique are not affected, and should never be divided. The shortening of the internal muscle is the most common. Next in order of frequency we have the external muscle shortened, producing *leer* eye. In these, as in the other cases, the opposing muscle is lengthened, the affected eye losing its power of vision from the want of use which is induced by its unnatural position.

The cure is effected by dividing the shortened tendon, and many instruments have been employed for this purpose. Dr. Gilbert closes the sound eye by a monocle, thus giving great command over the affected organ, and relies totally on the fingers of assistants for the separation of the lids, then picking up the conjunctiva with the forceps he snips it with the curved scissors,

introduces the silver hook, draws forward the tendon and divides with the angular scissors. This latter step he repeats until every offending portion of the tendon is cut and the eye occupies its proper position, since the hook, instead of passing completely beneath the tendon, may go between its parallel planes of fibres and a partial division only occurring, partial relief only follows.

Dr. Gilbert has operated a great number of times since 1842, and by these precautions has found that in 19 out of 20 cases a cure is effected.

The previous application of ice water to the eye is not resorted to by this surgeon, and in the after treatment confinement of the patient during favorable weather is deemed unnecessary. The eye is directed to be used occasionally, and cold water applied if *itching* is set up. The natural ecchymosis which follows this operation is not to be confounded with inflammation, inasmuch as no pain, heat or swelling is found accompanying it. The operation as above directed was then performed with success, the affected eye resuming its proper position.

30th.—Third day after operation; ecchymosis of the conjunctiva exists, but no inflammation; the wound has healed; the eye is perfectly straight, and moves with its fellow. The cure is established.

October 30th.—CASE XXVI. *Encysted Tumors of Face*.—Edmund W——, aged 33. Two or three years since, small tumors began to appear upon various parts of his face, and gradually enlarged, so that now, just outside of the right external canthus of the eye, there are five of these of sufficient size to warrant removal. Such tumors will be found filled with atheromatous matter, and arise from the closure of the ducts of the sebaceous follicles of the skin, these then enlarge by the pressure of the confined secretion which soon becomes morbid in its character, the surrounding cellular tissue is made firm and resisting, forming a sac, several of which individual sacs may be agglutinated, as in this instance where three are in close contact. Dr. Gilbert has removed five or six from the face, arm and scalp of a lady who had an immense number of smaller ones over her body. These tumors are associated with a morbid condition of the skin

generally, and in such cases we find *acne punctata* as a concomitant and probably a precursor.

To remove these tumors a simple incision was made on the sacs which were dissected out with their contents. The wounds were dressed in the usual manner.

CASE XXVII.—*Tenotomy* performed for *obstinate flexion of right carpus*, as a result of scarlatina, producing shortening of some of its tendons. The flexor carpi radialis,—ulnaris, and the palmaris longus seem to be at fault, producing the same deformity which we perceive in burns of the anterior part of the fore-arm and hand. In these two cases, however, the treatment is different; in the deformity from *burn* we transplant a piece of integument which takes the place of the contracted cicatrix which we cut out; but in *this case* we merely divide the *tendons* which are here at fault, and then extend the hand on a splint. The third and fourth fingers are also firmly flexed on the palm in consequence of an abscess which occurred in that place at the same time. The difficulty here resides in the palm, and will be remedied at a future period.

The narrow tenotomy knife was now introduced through the skin on the inside of the flexor carpi ulnaris and passed between this tendon and the skin; the edge of the knife was then turned upon the tendon and it was divided. The same was done on the radial side, for the division of the tendons of the palmaris longus and flexor carpi radialis. The hand was extended and cold water dressings applied.

Nov. 3d.—First dressing. The radial incision has healed by first intention, but the ulnar is granulating up; the hand is well extended and cold water dressing continued.

6th.—Ulnar incision still granulating; extension and cold appliances kept up.

10th.—Improving; full extension is borne without pain.

November 3d.—A case of *Congenital Teleangiectasy* in John G—, aged 20, was exhibited, and the history related, with remarks upon the disease, and the method of operation detailed. This patient will be brought before the class again for operation on the 20th inst.

CASE XXVIII.—An injury by a circular saw (which was 33 inches in diameter, and whose teeth were 1 inch in length) was now presented. This accident occurred two weeks back, and as its result there was found a lacerated and contused wound of a part of the right hand. This, which involved several of the fingers, demanded an amputation of the two last phalanges of the little finger, which was dressed with one twisted suture and adhesive strips. There was also an entire separation of the palmar aspect of the ulnar side of the hand for a space of about two inches in length and one and a half in width, the presenting surface being lacerated and contused. This Prof. Gilbert made an attempt to heal by *scabbing*. To show the result of this method the patient is now brought before the class. An *artificial scab* was formed by means of Liston's isinglass plaster applied to the wound, leaving a small opening for the exit of any purulent matters at its proximal extremity; this plaster was then coated with Collodium and lint. The case is to-day dressed for the first time, and the wound is found to be almost entirely healed; the artificial scab was re-applied. The other wounds are perfectly closed.

10th.—Artificial scab removed and the entire surface beneath found cicatrized.

CASE XXIX.—*A bite of mid-finger* of right hand. An Irishman, aged 21, received this injury during Election week. The case appears to have been treated for the preservation of the last phalanx, which seems only to have been originally involved, but inflammation having been set up the bone has become necrosed, the joint is invaded by the extension of the inflammation, and the patient presents himself with an enlarged, sloughing and offensive sore occupying the position of the bite.

It will be necessary here to remove the extremity of the finger in the continuity of the second phalanx away from any existing inflammation, or necrosis may again follow. Amputation was then resorted to. Two collateral digital arteries were ligated, and the flaps brought together by two sutures and adhesive strips. Cold water dressing applied.

6th.—Dressed for the first time,—doing well.

10th.—All the ligatures and sutures removed, and cerate dressing substituted for the cold water. No inflammation.

17th.—Considerable inflammation found to exist;—stump swollen, red and painful; abscess threatened; this trouble arising from the irregularity of the patient's habits. Creasote was applied as a counter-irritant over the inflamed integumental surface and cold water ordered.

20th.—Inflammation and swelling has subsided; the skin is thrown into wrinkles; re-applied the creasote.

November 6th.—J. S., the case (No. VII.) some time previously (Oct. 6th) operated upon for Cataract by the method for absorption, was shown, and observed to be progressing favorably. The dark ring formed by the shadow of the pupillary margin of the iris upon the lens is increasing, showing that absorption is going on with its work and its surface is receding. Prof. Gilbert here stated that after complete removal of the lens, glasses are not to be worn for some length of time, say for two or three months, and then but sparingly for a further period, since the concentration of light upon an eye previously in total darkness will act as an abnormal stimulus to the nerve, and produce all the injurious effects of such stimuli.

CASE XXX.—*A Tumor of upper eyelid* of the right side, of the size of a pigeon's egg, in a negro,—Evan —, aged 28,—was removed by making an incision over the sac, parallel to the edge of the tarsal cartilage, and then dissecting it out. The wound was closed with one gold needle, and two strips of isinglass plaster carried from the forehead to the cheek. The cold water dressing was applied.

10th.—The needle was removed on the 7th, and union by the first intention is perfect. The lid has regained almost entirely its natural size and appearance.

November 10th.—CASE XXXI. *Chronic inflammation of external meatus of Ear.*—R. B., mulatto, aged 21. Three years since first perceived a discharge from both ears after bathing, and this has been kept up with occasional evacuations of lumps of hardened cerumen until very recently, but there has been no

co-existent deafness. Upon examination with the speculum, the parietes of the external auditory meatus were found to be in a state of chronic inflammation; but the membrana tympani was healthy, which accounts for the absence of deafness. The treatment ordered was counter-irritation behind the ear by creasote, and the use of the following prescription:

R Cupri sulphat. gr. ij.
Aquæ fontis f. ʒj.

M. S. Inject the ear once daily after cleansing it well with warm water.

CASE XXXII.—*Chronic inflammation of lachrymal sac, first stage.*—Daniel D——, aged 16. In this case there is found stillicidium lachrymarum, tumor at the internal canthus, and regurgitation of tears mingled with mucus into the eye on pressure upon the lachrymal sac. Creasote was painted over the sac and ordered to be repainted every third day, as a counter-irritant; and as a collyrium this prescription was directed:

R Zinci sulphat. gr. j.
Aq. rosæ f ʒj.

M. S. To be dropped in the eye once daily.

13th.—Improving; the tears pass more freely into the nose. Creasote re-applied and collyrium continued.

CASE XXXIII.—*Ozæna* in a female, aged about 30, resulting upon secondary syphilis, which was communicated to the patient by nursing a child thus affected, her nipple being first the seat of the disease, and her constitution suffering in consequence. She was ordered

R. Syr. sarsap. comp. Oj.
Auri chloridi gr. j.

M. S. A tablespoonful thrice daily.

November 13th.—CASE XXXIV. *Loss of right eye from wound.* John K——, aged 22, a machinist, whilst engaged in his occupation, was struck in the eye by a chip of iron, which wounded the globe, but was then supposed to have rebounded, inasmuch as the wound healed readily with the ordinary result of such injuries; in three weeks, however, a black speck presented at the

wounded point, which speck was found to be a foreign body, and this being discharged proved an iron turning measuring a half by five-eighths of an inch in its superficial diameter and several lines in thickness, weighing 72 *grains*. Probably the largest foreign body ever lodged in the eye, without producing anything beyond ordinary symptoms; the cushion-like resistance of the internal structures of the globe no doubt having prevented its passage into the cranium.

An artificial eye can be readily fitted upon the resulting stump, which is good.

CASE XXXV.—*Bite of Thumb*.—Mary M——, aged 14. This, the second case of wound of this character brought before the class within ten days, has resulted in the milder form of paronychia only, namely: abscess at the root of the nail, which is separating by the use of poultices.

CASE XXXVI. *Operation for occlusion of lachrymal duct on left side*.—Mrs. C., aged about 50, has had chronic inflammation of lachrymal sac and duct for nine years, with all the usual concomitant symptoms, and now presents herself for relief, the duct being totally occluded. The ordinary operation was performed, and a bougie made before the class by rubbing white wax upon a strip of fine linen, and then rolling it up conically, was introduced.

17th.—The bougie was removed and the silver style introduced.

Nov. 17th.—This morning Prof. Gilbert presented a tumor of the right breast which he had removed on Monday the 15th, from a female patient, aged 38. It was first noticed about four years ago, and was then supposed to have arisen from a contusion, since which time it had gradually increased. Its external appearance was irregularly lobulated, and its feel very much like that of a number of small oranges in a bag. There was no discoloration of the integument, which was perfectly moveable, and the nipple was not retracted. The disease appeared under 40 years of age, before which period tumors of this kind are almost never malignant. It was of slow growth and painless. All these

facts led to the belief that it was a Cystic sarcoma, which is benign, and thus its removal was undertaken. Amputation was performed, and the entire mass, which was found to weigh 7 lbs. 6 oz., turned out of its bed upon the pectoralis major muscle.

Very little of the mammary gland is observed as remaining; the cellular and fibrous envelopes of its lobules being greatly developed, and forming with several large sinuous serous cysts the mass of the tumor. Some of the fluid discharged from the cysts was microscopically examined by Prof. F. G. Smith of this Institution, and the diagnosis of the benignity of the tumor confirmed. The result of his investigations are as follows:

1st. Pale, very transparent cells. 1-50th to 1-100th of a line in diameter, the majority containing pale nuclei.

2d. Tabular plates of cholesterine.

3d. Small round corpuscles about 1-250th of a line in diameter, resembling pus corpuscles, and cells of epithelium newly formed.

4th. Globules resembling milk.

The fluid is alkaline in its re-action, glutinous in consistence, and contains a large quantity of albumen, as evidenced by coagulation with heat.

There are no cells of malignant character discoverable.

20th.—The patient is reported as doing remarkably well.

CASE XXXVII.—*The results of strumous inflammation of Knee joint*, in Thomas R—, aged 17, were stated to have been false ankylosis of the joint, with the leg flexed almost at a right angle upon the thigh from contraction of the tendons of the inner and outer hamstring muscles, together with firm adhesions of the integument to the bones and fasciæ about the joint. Subcutaneous section of the inner and outer hamstrings was made by the late Prof. Grant in conjunction with Prof. Gilbert about 18 months since, and the limb extended forcibly. The patient has had good use of his limb for now nearly six months, and is brought forward to prove the value of Tenotomy as a remedial agent in the treatment of deformities.

BIBLIOGRAPHICAL NOTICES.

The Prescriber's Complete Handbook, comprising the principles of the art of Prescribing, &c. By MM. TROUSSEAU AND REVEIL. Edited, with notes, by J. BIRKBECK NEVINS, M.D. London: Hippolyte Bailliere, 219 Regent street; and 290 Broadway, New York.

Under this somewhat pretending title we have a very fair translation of the admirable little *Traité de l'Art de Formuler* of Trousseau and Reveil. To the French physician and student the original must be invaluable, and this translation will be received with pleasure by many here and in Great Britain. The work was written with special reference to the Therapeutics of Trousseau and Pidoux, a fact that must be borne in mind in making any critical estimate of it. We have found it particularly interesting and useful as a companion to that excellent manual. As an independent treatise on the art of prescribing, it is too entirely French. It refers almost exclusively to the Paris Codex, and to French methods of prescribing and compounding, which differ essentially from our own. The American prescriber will find himself at a loss among the profusion of *collutoires*, *lavements*, *pommades*, *looches* and *papiers*, that are almost unknown to our pharmacy. While, therefore, the general principles and artistic rules of the book are of exceeding value, the special pharmaceutic details will be comparatively useless, on account of this difference. The thoughtful prescriber will, however, find here many hints not to be neglected, and perhaps the very strangeness of the formulæ may serve to lift him out of the ruts of daily unreflecting routine into which we are all too apt to fall in our prescribing.

The first part of the work gives us a natural-historical classification of the *Materia-Medica*, with a nosological table and an indication of the therapeutical classes attached. In translating this, Dr. Nevins retains the French names as principal, adding the English as subordinate. This we regard as an imperfection in his work. He should have substituted either the

English or Latin names as principal, and allowed the French to remain, if he chose, as subordinate. The merely English student, who runs his eye down the column of staring Roman capitals, will hardly recognize CHANVRE INDIEN as *Indian Hemp*, even if followed by that name in small italics. The second part contains the practical rules for the direction of the prescriber, and is the most valuable portion of the book. It is concise, clear and philosophical, and reveals in every line the masterly hand of Trousseau, by far the ablest living teacher of therapeutics. The sections on the Mutation, Elimination and Accumulation of Medicines are admirable. The same may be said of that on the circumstances which modify the dose, in which an immense amount of valuable information is compressed into a very small space. The chapter on the Combination of Medicines is borrowed almost entirely from Paris's Pharmacologia; and it must be admitted that the authors could not have gone to a better source, although they certainly might have made some acknowledgment of their indebtedness. Following this is a table of chemical incompatibilities, which will be found of much use. The "Short Sketch of Pharmacy," with its notice of the officinal preparations, is very French, and liable to the objection before urged. It is to be regretted that Dr. Nevins did not, by extensive notes, render it applicable to the formulæ of the British Pharmacopœias. The Magistral Formulary must incur the same criticism. The Toxicology is very concise, methodically arranged, and sufficient for all practical purposes.

The formulæ in this book are invariably given in English, as, in the original, they are in French. The current of professional opinion in France sets at present against Latin prescribing. Our authors merely say that "the prescription ought to be written either in the common language or in Latin," but they set the example of adopting the former. Hanin (*Cours de Mat. Med.*) is more explicit. He says, "Les formules doivent être écrites en langue vulgaire. Il-y-a une présomption ridicule de vouloir formuler en Latin: cet usage pouvait être bon quand la langue médicale ou pharmaceutique n'était pas encore formée." We believe that Latin prescribing is almost unknown in France at this day. Whether or not we should follow their example, we are not, at present, prepared to determine, but we can assure our

friends that there is much more to be said in favor of the change than very many suppose. Another thing we are glad to perceive is, that Messrs. Trousseau and Reveil do not inform us, as is usual, that our **R** is an altered form of the astrological symbol of Jupiter. Dr. Nevins labors to defend the profession against the charge of using "dog-latin," by insisting that our **aa** stands for the Latin *alterius alteriusque*, and not for the Greek *ana*. We have always felt much more strongly the reproach of the cloven-footed bit of paganism which Paris taught us to believe in, and which, after all, is not true. It may be that foolish people did put the sign of Jupiter at the head of their prescriptions, but it is equally true that the imperative *Recipe* is necessary to any rendering of the sentence as written, (and could not, therefore, be substituted by a mere symbol,) and also that the sign **R** is used in other connections to signify an abbreviation of any word commencing with R. In the oldest printed Missals the identical **R** is employed to mark the responses. We have seen an old German book of Exorcisms (published by ecclesiastical authority,) in which the same type is used to designate the responses to the prayers and to head the formulæ of drugs for fumigation, &c. We certainly cannot suspect the authors of using astrological symbols as a caption to devotional exercises. If, then, the R with a crossed tail is susceptible of this innocent use, physicians might certainly be allowed to employ it without incurring the charge of retaining an absurd remnant of exploded superstition. We shall therefore continue to write it, with the firm conviction that it means properly simply *Recipe*, and nothing more.

Dr. Nevins has performed his part of the work skilfully and faithfully, for the most part. We regret that he did not exercise a more careful supervision over the original and correct its errors. There is a mistake as to the dose of the arsenical preparations, which it is surprising that the authors could make or that the translator could copy without detecting it. The *Solution febrifuge arsenicale du Dr. Boudin* is directed in the proportion of one part of arsenious acid to 1000 of water, and we are told that an ounce of it contains nearly half a grain of arsenious acid. The dose is stated as two teaspoonfuls for children, ten or fifteen for adults. On the same page Fowler's Solution is directed in

the proportion of one part each of arsenious acid and carbonate of potassa to 100 of water, and we are told that one drachm contains three-fifths of a grain of arsenious acid, and one and one-fifth of a grain of arsenite of potassa. Yet in the next line we are informed that this solution "is used in the same doses and in the same way as the last." It is incomprehensible that Dr. Nevins should pass over so gross an error without noticing it. "Two tea-spoonfuls" of Fowler's Solution contain one and one-fifth gr. arsenious acid and two and two-fifths grs. arsenite of potassa, and yet this is the dose which an unsuspecting and literal prescriber by the book would give as the dose for a child! We beg that all who intend using this handbook as a guide in prescribing, will look up this erratum, and "when found, make a note of it."

A Practical Treatise on Dental Medicine, being a Compendium of Medical Science, as connected with the study of Dental Surgery, &c. &c. Second Edition. Revised, corrected and enlarged, by THOS. E. BOND, A. M., M. D., Professor of Special Pathology, &c. &c. in Baltimore Dental College. Philadelphia: Lindsay & Blakiston, 1852.

Having noticed with sincere and earnest commendation, in the Medical Examiner for March, 1851, the first edition of this valuable book, we should perhaps be forgiven if disposed rather to congratulate ourselves than the gifted author, upon the appearance of the second and enlarged edition just handed us for examination. To him the demand for this extension of his work is but the fair and just result of the merit that belongs to his original labor, the successful performance of a task that brings its due reward; while to his friends it is practically a public endorsement of opinion that confirms their high estimate of the work.

The present edition, besides some minor or mechanical improvements, possesses a most sensible chapter on anæsthetics, wherein the able pen of Professor Bond has, it may be hoped, put to rest all doubts that may have existed in some minds, as

to the safety or propriety, in the hands of the dentist, of these powerful agents.

The Professor says: "Painful experience has shown that the use of anæsthetics has been more dangerous in the hands of dentists than of other administrators, death having more frequently occurred in attempts to save the patient from the pain caused by the little operation of extracting a tooth, than perhaps from all the instances in which anæsthetics have been administered to prevent the consciousness of suffering in capital operations."

Since the introduction of sulphuric ether and chloroform into medical practice, and their supposed applicability to the practice of dental surgery, it has been our fortune to occupy the position of a witness, and not that of a party to their administration. Questioning their safety, and unwilling to take the responsibility of suspending the consciousness of those who needed operations, the pain of which we knew, from daily experience, could be readily endured without such intervention, it has been our invariable rule to oppose the recourse to that means of escaping one evil by risking the encounter of another, and perchance a worse. But where advice and reasoning would not satisfy the patient, we have insisted that the family physician should be in attendance and administer the stupefying vapor. In the course of perhaps fifty or sixty opportunities thus afforded for judging of the value and effects of anæsthetics in the dentist's practice, we have been confirmed in our opposition to its use. Our testimony would go to prove that, in a few cases, the patients have professed to feel no pain, or to remember none; but even in these best or successful instances, there were at times contradictory statements making the testimony of obtunded faculties, or faculties just recovering from that state, of doubtful value as to the question of the real amount and character of the pain endured from the operation. In other cases, it was as difficult a task for the physician to induce the patient to take the ether or chloroform, as it had been to obtain submission to the pain of extracting the tooth; and in several, the effects upon the stomach and nervous systems were such as to preclude the possibility of operating altogether.

With the necessity of giving in such testimony, as the result of our own experience, it will not be wondered that we hail with pleasure the direct and unanswerable condemnation from Pro-

fessor Bond of the use of anæsthetics by the dentist, to avoid the pain of his operations ; and we ask leave to quote one more passage from the same high authority :

"The greater danger of anæsthesia in dental operations is easily accounted for. The operation has to be performed upon an organ concealed in the cavity of the mouth. The preliminary stages of the operation, adjusting instruments, &c. cannot be accomplished until the patient has been made unconscious. The mouth then is generally found spasmodically closed, and cannot be forced open without considerable effort. In the mean time, the patient cannot continue the inhalation, the soporific effects of the anæsthetic pass off, and by the time the operator has accomplished the separation of the gum, consciousness has returned.

"In an operation upon any other part of the body than the organs through which inhalation is accomplished, the surgeon having the patient in a proper position for the immediate operation, can commence it as soon as anæsthesia is effected, and can proceed without interrupting the inhalation, which can be continued according to circumstances, the patient not being profoundly, but continually narcotized.

"But the dental operator must carry anæsthesia so far as to produce relaxation of the muscles of the jaw ; or what I think is more commonly the case, to so completely overwhelm the consciousness as to obviate that instinctive resistance which seems to linger after volition appears to be suspended. When the patient begins to inhale the chloroform, his mind is intensely occupied with the anticipated attack upon his teeth, and his fears are concentrated upon the dread of the attack being prematurely made. By his eyes and hands he continually gives signals of consciousness as long as he can, and the last effort of volition is to clench the jaws as firmly as possible. Muscular life being less easily overcome than intellectual, the extreme anæsthetic effect of chloroform or ether has to be induced in order to overcome the difficulty.

"Again, the dentist cannot continue the administration of the anæsthetic while operating, at least not with any regularity ; he is obliged to carry the anæsthesia so far as to permit a certain degree of it to pass off without the restoration of consciousness. In other words, he must produce *super-anæsthesia*, because he must provide against the known evanescence of the condition."

Nor is it less reasonable to conclude that, in a difficult or protracted operation, the manipulations of the dentist would be most unfortunately affected by the constant fears in his own conscious mind, that the submission and tranquillity of his patient will cease the very next moment.

Professor Bond's excellent book should be carefully read by every dentist who has his own success and the welfare of his patients at heart.

E. B. G.

THE MEDICAL EXAMINER.

PHILADELPHIA, DECEMBER, 1852.

MEDICAL DEPARTMENT, U. S. NAVY.

A Board for the examination of Assistant Surgeons for promotion, and of candidates for admission, will convene at the Naval Asylum, Philadelphia, on 15th Dec. The Board will be composed as follows :

Surgeon, WM. P. C. BARTON, *President*.

Surgeons, CORNICK, DILLARD, HORNER and RUSCHENBERGER, *Members*.

DR. JONATHAN COWDERY, the oldest Surgeon in the U. S. Navy, died recently at Norfolk, aged 86 years. He had been in the service nearly fifty-three years, and took part in the Tripolitan and last war with Great Britain. In the former he was taken prisoner by the Turks and retained two years.

The distinguished and venerable Dr. DANIEL DRAKE, who has so long filled a prominent part in the profession of the West, died at Cincinnati during the last month. We shall present a more detailed notice of his rise and career hereafter.

DR. BROWN-SEQUARD.

During the months of September and October, this gentleman gave highly interesting and successful courses of lectures to two classes of the most distinguished physicians in New York, and is now engaged with equal success in Boston, where his lectures are attended by almost all the eminent physicians of that place.

I N D E X.

A		Amputation of shoulder-joint	468
Abdominal tumors interfering with pregnancy	546	Anal region, prurigo of	120
Abscess of lung following pneumonia	463	Analysis of physiology; being a condensed view of the most important facts and doctrines, &c. By Jno. J. Reese, M. D., &c., bib. notice of	535
Academy of Medicine of Paris	117, 670	Analytical compendium of the various branches of medical science. By Jno. Neill, M. D., and F. G. Smith, M. D., &c., bib. notice of	48
Acetate of lead producing colica pictonum	60	Anatomy	124, 203, 479
Action of water on lead pipes	56	Anatomical investigations in the elucidation of cutaneous diseases. By G. Simon, M. D., &c., bib. notice of	170
Action of medicines	130	Anæsthesia, discussion on, at Philadelphia County Medical Society	243, 298
Action of chloroform	548	Anæsthesia, means of measuring degrees of	503
Action of cold, warmth, and light upon crystalline lens	553	Anæsthetic action of ice	583
Action of cold upon coagulability of blood	559	Aneurism, novel treatment of	412
Action of poisons on the nervous system	698	Aneurism by anastomosis	454
Acute metritis treated successfully with urate of ammonia	531	Animal graft, singular case of	560
Adhesive plaster as a means of making extension in fractures of lower extremities	685	Animals deprived of medulla oblongata, persistence of life in	565
Adhesive plaster, as a valuable constituent in the composition of various apparatus used in surgery. By D. Gilbert, M. D.	784	Annual report of Committee on Public Hygiene, by W. Jewell, M. D.	1
Air passages, a treatise on diseases of, &c. &c., by H. Green, M.D., bib. notice of	662	Announcement of a new Medical School in Cincinnati	593
Air passages, case of foreign body in	192	Antidote for cupreous salts	614
Albuminous urine, causes of	201	Antidote in poisoning with arsenic	515
Alumina, tannate of	119	Anterior inferior spinous process of ilium, fracture of	159
American Medical Association, organizing of	137	Antiseptic employment of sulphate of zinc	203
American Medical Association, transactions of, bib. notice of	93	Answer to a friend, on organizing the American Medical Association	527
American Medical Association, delegates to	265	Appearance of menses, conception before	581
American Medical Society in Paris	184		
Ammonia, sesquicarbonate of, in lepra and psoriasis	124		
Amorphous phosphorus	860		

THE MEDICAL EXAMINER.

PHILADELPHIA, DECEMBER, 1852.

MEDICAL DEPARTMENT, U. S. NAVY.

A Board for the examination of Assistant Surgeons for promotion, and of candidates for admission, will convene at the Naval Asylum, Philadelphia, on 15th Dec. The Board will be composed as follows:

Surgeon, WM. P. C. BARTON, *President*.

Surgeons, CORNICK, DILLARD, HORNER and RUSCHENEERGER, *Members*.

DR. JONATHAN COWDERY, the oldest Surgeon in the U. S. Navy, died recently at Norfolk, aged 86 years. He had been in the service nearly fifty-three years, and took part in the Tripolitan and last war with Great Britain. In the former he was taken prisoner by the Turks and retained two years.

The distinguished and venerable Dr. DANIEL DRAKE, who has so long filled a prominent part in the profession of the West, died at Cincinnati during the last month. We shall present a more detailed notice of his rise and career hereafter.

DR. BROWN-SEQUARD.

During the months of September and October, this gentleman gave highly interesting and successful courses of lectures to two classes of the most distinguished physicians in New York, and is now engaged with equal success in Boston, where his lectures are attended by almost all the eminent physicians of that place.

I N D E X.

A	
Abdominal tumors interfering with pregnancy	546
Abscess of lung following pneumonia	463
Academy of Medicine of Paris	117, 670
Acetate of lead producing colica pictonum	60
Action of water on lead pipes	56
Action of medicines	120
Action of chloroform	548
Action of cold, warmth, and light upon crystalline lens	553
Action of cold upon coagulability of blood	559
Action of poisons on the nervous system	698
Acute metritis treated successfully with urate of ammonia	531
Adhesive plaster as a means of making extension in fractures of lower extremities	685
Adhesive plaster, as a valuable constituent in the composition of various apparatus used in surgery. By D. Gilbert, M. D.	784
Air passages, a treatise on diseases of, &c. &c., by H. Green, M.D., bib. notice of	662
Air passages, case of foreign body in	192
Albuminous urine, causes of	201
Alumina, tannate of	119
American Medical Association, organizing of	137
American Medical Association, transactions of, bib. notice of	93
American Medical Association, delegates to	265
American Medical Society in Paris	184
Ammonia, sesquicarbonate of, in lepra and psoriasis	124
Amorphous phosphorus	860
Amputation of shoulder-joint	468
Anal region, prurigo of	120
Analysis of physiology; being a condensed view of the most important facts and doctrines, &c. By Jno. J. Reese, M. D., &c., bib. notice of	535
Analytical compendium of the various branches of medical science. By Jno. Neill, M. D., and F. G. Smith, M. D., &c., bib. notice of	48
Anatomy	124, 203, 479
Anatomical investigations in the elucidation of cutaneous diseases. By G. Simon, M. D., &c., bib. notice of	170
Anæsthesia, discussion on, at Philadelphia County Medical Society	243, 298
Anæsthesia, means of measuring degrees of	503
Anæsthetic action of ice	583
Aneurism, novel treatment of	412
Aneurism by anastomosis	454
Animal graft, singular case of	560
Animals deprived of medulla oblongata, persistence of life in	565
Annual report of Committee on Public Hygiene, by W. Jewell, M. D.	1
Announcement of a new Medical School in Cincinnati	593
Antidote for cupreous salts	614
Antidote in poisoning with arsenic	515
Anterior inferior spinous process of ilium, fracture of	159
Antiseptic employment of sulphate of zinc	203
Answer to a friend, on organizing the American Medical Association	527
Appearance of menses, conception before	581

Appointment	748	Carotid artery, effects of ligation of	122
“ in University of N. Y.	265	Case of spasmodic asthma	23
“ of Dr. J. Neill	391	Case of bed-sore successfully treated by a galvanic current	23
“ in University of Louisville	593	Cases of articular inflammation treated with urate of ammonia	69
“ in University of Pennsylvania,	593	Case of latent phthisis pulmonalis terminating suddenly in pneumothorax	273
“ of Dr. Leidy	537	Cases of epithelial tumors	287
Army, medical department of	184	Case of hydrophobia	464
Arsenical poisoning	115	Case of animal graft	560
Arsenic eaters	190	Cases of tape worm	629
Articular inflammation treated with urate of ammonia	69	Case of difficult labor from deformity of fœtus	689
Asthma, spasmodic, case of	23	Cataract, structure of	198
Autobiography of Berzelius	750	Causes of torpidity of tenrec	549
B			
Balsam of Peru, extraction of	118	Causes of albuminous urine	201
Barium, use of, in Pharmacy	548	Cauterization of urethra	427
Barnard Holts' stricture dilator	611	Central seat of general and tactile sensibility	626
Baron Humboldt	749	Character of urine in Bright's disease	466
Basis of Eau Medicinale d'Husson	450	Charing Cross Hospital	468, 742
Bedford Springs	358	Charities, medical	188
Bed-sore successfully treated by a galvanic current	25	Charleston Preparatory Medical School	181
Berberine, sulphate of	277	Chemistry, manual of Physiological. By Prof. C. G. Lehmann, bib. notice of	35
Bell, Dr. John, resignation of	268	Chemistry, physiological and pathological, manual of. Prepared by Dr. A. Moser and Dr. J. C. Strahl, bib. notice of	35
Bennett on molecular origin of tissues	480	Chemistry in its relations to physiology, dietetics, agriculture, commerce, and political economy. By Justus Von Liebig, bib. notice of	35
Bibliographical Notices, 35, 83, 170, 260, 331, 435, 533, 643, 723,	802	Chemistry, elements of, including the application of the science in the arts. By Thos. Graham, F. R. S., &c. Edited, with notes, by R. Bridges, M. D., &c., bib. notice of	435
Bivalve speculum, modification of	567	Chemistry	548, 613, 680
Blood, action of cold on coagulability of	559	Chloroform successfully employed in strangulated crural hernia	280
Board of Naval Surgeons	185	Chloroform as an emmenagogue	425
Bond, T. E., a practical treatise on dental medicine, by	805	“ deaths from	59, 454
Brain, compression of, relieved by trephining	64	“ action of	548
Brain, softening of, after ligation of carotid artery	122	“ in infantile convulsions and other spasmodic diseases	667
Brazen Homœopath	188	Cholera	748
Brazil, sketches of, including new views on Tropical and European fever, &c. By R. Dundas, M. D., bib. notice of	656	“ in military practice	504
British American Med. and Phys. Journal	267	Chronic ovarian tumors, diagnosis of	604
Bright's disease, remarks on microscopic characters of urine, in	466	Circular of American Med. Society in Paris	184
Bronchophony, mechanism of	456		
Brown-Sequard's lectures	391		
Brown-Sequard, Dr., lectures, notice of	808		
Burman Empire, epidemic diseases of	282		
C			
Cadaveric rigidity, experiments on	124		
Cadmium, use of, in pharmacy	548		
Cancer of skin, remarks on	229		

INDEX.

v.

Circulars, medical	467	Death of Dr. Leiper	50
Climate and epidemic diseases of Rangoon	282	“ Dr. Hooper	58
Clinical reports, 162, 322, 383, 430, 586, 749, 790		“ Priessnitz	116
Clinic of Jefferson Medical College, 162, 322, 383, 430, 586		“ Dr. Jas. Arthur	114
Clinic of Pennsylvania College	749	“ Dr. S. A. Drane	114
Clinical reports on continued fever, &c. By A. Flint, M. D., &c., bib. notice of	731	“ Dr. Jas. Cameron	114
Cocculus indicus, case of poisoning by	227	“ Dr. P. M. Smith	110
Colica pictonum	60	“ M. Gannal	189
Compendium, analytical, of the various branches of medical science. By J. Neill, M. D. and F. G. Smith, M. D., &c. &c., bib. notice of	48	“ Baron Pasquier	188
Complete treatise on midwifery; or the theory and practice of tokology, &c. &c. By Alf. A. L. M. Velpeau, M. D., &c., translated by C. D. Meigs, M. D., &c., with additions by W. Byrd Page, M. D., &c., bib. notice of	45	“ Dr. Grant	340
Compression of brain	64	“ Dr. John Dalrymple	450
Comparative value of cod liver oil, mixed with iodine	118	“ Dr. J. B. Rogers	537
Concours for chair of hygiene in faculty of medicine of Paris	449	“ Dr. G. W. Patterson	593
Conception before the appearance of the menses	581	“ Dr. Isaac Parrish	593
Constriction of œsophagus	544	“ M. Dize	749
Constitutional and hereditary syphilis. By E. Wilson, F. R. S., &c., bib. notice of	723	“ Dr. Jonathan Cowdery	808
Convulsive movements of stump	468	“ Dr. Daniel Drake	808
Convulsive affection produced by extensive injury of spinal cord	561	Deaths from chloroform	59, 463
Corpus luteum, formation of, in cases of impregnation	203	Deformity of fœtus causing difficult labor	687
Coryza, instantaneous cure of	546	Degrees of anæsthesia and hyperæsthesia	503
Cost of doctorate in Paris	56	Delegates from Medical Society of Delaware	49
Cranium, fracture of	582	Delegates to American Medical Association	265
Crossed transmission of impressions in the spinal cord	703	Delaware County Medical Society	265
Croup, operation of tracheotomy for relief of	222	Dentists, remarks and recommendations on the professional education of. By Jno. Trenor, M. D., bib. notice of	180
Croup in the adult	544	Dentists, professional education of	368
Crystalline lens influenced by cold, warmth, and light	553	Diagnosis of chronic ovarian tumors	604
Cupreous salts, antidote for	614	Diet in protracted fevers	122
Curious cutaneous disease	74	Discussion on induction of premature labor	670
Curiosities of the microscope, &c. By Rev. J. A. Wythes, M. D., bib. notice of	733	Diseases of skin elucidated by anatomical investigations. By G. Simon, M. D., &c., bib. notice of	180
		Diseases of chest, treatise on. By Jno. A. Swett, M. D., &c., bib. notice of	181
		Diseases in which a resort to the Bedford Springs is useful	358
		Diphtheritis of the glands in some cases of paralysis	545
		Diphtheritis, laryngo-bronchial, some remarks on	544
		Disulphate of quinia, solution of, by tartaric acid	204
		Doctorate in Paris	56
		Donation, munificent	189
		Drug-inspection law	663
		Dysentery	570
		Dysentery of Lancaster county	205
		E	
		Eaters of arsenic	170
		Eau medicinal d'Husson, basis of	450
		1*	
D			
Datura stramonium, poisoning by	199		

- | | | |
|--|--|-----|
| Editorial, 49, 110, 181, 339, 391, 443, 536, 593, 663, 743, 808 | animals, after the destruction of a considerable part of the spinal marrow | 321 |
| Editorial courtesy | 391 | |
| Education of Dentists | 368 | |
| Effects of iodine on the glandular system | 675 | |
| Election of Dr. E. Hartshorne | 537 | |
| Election of officers of Northern Medical Association | 183 | |
| Elements of chemistry, including the applications of the science in the arts, by Thos. Graham, F. R. S., &c. Edited, with notes, by R. Bridges, M. D., &c., bib. notice of | 435 | |
| Elements of materia medica and therapeutics. By J. Pereira, M. D., F. R. S., &c., bib. notice of | 44 | |
| Embryonic vertebrata, transportation of two aortæ into | 204 | |
| Emigrants' hospital | 748 | |
| Emmenagogue effects of chloroform | 425 | |
| Employment of sulphate of zinc as an antiseptic | 203 | |
| Endosmotic action of medicines | 130 | |
| England, Royal Society of | 114 | |
| Entropium proved to depend on muscular action | 608 | |
| Epidemics, progress of | 449, 666 | |
| Epidemic diseases of Rangoon | 282 | |
| Epidemic jaundice | 58 | |
| Epidemic cholera, a history of, at Chambersburg, Pa., during the summer of 1852. By A. H. Seney, M. D. | 774 | |
| demilogical Society of London | 115 | |
| Epithelial tumors, remarks on | 229 | |
| Errata | 746 | |
| Ergot of rye in treatment of paraplegia | 121 | |
| Essays on life, sleep, pain, &c. By S. H. Dickson, M. D., bib. notice of | 180 | |
| Esophagus, spasmodic constriction of | 544 | |
| Esquimaux, parturition among | 473 | |
| Etherization in parturition, nineteen centuries ago | 267 | |
| Examination of the doctrines and evidences of homœopathy. By W. Hooker, M. D., bib. notice of | 107 | |
| Examination of ointments containing oxide of mercury | 615 | |
| Experimental researches applied to physiology and pathology, 481, 549, 617, 698 | | |
| Experiments proving that life may be preserved in warm-blooded | | |
| Explanation | 443 | |
| Extension in fractures of lower extremity effected by adhesive plaster | 685 | |
| Extract from address of Dr. Samuel Grimes | 445 | |
| Extracts from a lecture on the present position in Europe of some of the most interesting and important points in modern surgery | 28, 76 | |
| Extract from a review of Dr. Gross' work on the urinary organs | 536 | |
| Extraction of balsam of Peru | 118 | |
| Extramural interments in London | 185 | |
| F | | |
| Familiar lectures on chemistry, in its relations to physiology, dietetics, agriculture, commerce, and political economy. By Justus Von Liebig, bib. notice of | 35 | |
| Fecundity of a free-martin | 82 | |
| Fever, spread of, in Ireland | 266 | |
| Fevers, protracted, diet in | 122 | |
| Fœtus, influence of imagination of mother upon | 344 | |
| Foreign body in knee joint | 578 | |
| Foreign quackeries | 663 | |
| Foreign body in larynx, operation for | 215 | |
| Foreign body in air passages, tracheotomy performed for | 192 | |
| Free hospital | 743 | |
| Fracture of anterior inferior spinous process of ilium | 159 | |
| Fractures of lower end of radius, and their management | 146 | |
| Fracture of cranium | 582 | |
| French revolution | 116 | |
| French and American experiments on cadaveric rigidity | 124 | |
| Functions of the great sympathetic nerve | 413 | |
| Functions of organic life, influence of the nervous system upon | 486 | |
| G | | |
| Galbanum plant | 679 | |
| Galvanic current in treatment of bed-sore | 25 | |
| Galvanic current employed in removal of nævus | 197 | |
| Gazette, London Medical | 116 | |
| Gaultheria, poisoning by oil of | 347 | |
| Gaurana | 616 | |
| Genital regions, prurigo of | 120 | |

INDEX.

vii.

Geology applied to the study of disease	19	Influence of imagination of mother upon the fœtus	344
George Ord, Esq.	58	Influence of nervous system upon functions of organic life	486
Gilbert, D., on adhesive plaster as a valuable constituent in the composition of various apparatus used in surgery	784	Influence of poisons upon animal heat as a cause of death	550
Glandular system, effects of iodine on	675	Influencing the general temperature by changing the temperature of one of the extremities	556
Gobrecht's clinical reports	749, 790	Infantile convulsions, chloroform in	667
Gonorrhœa	117	Influence of temperature of a warm blooded animal upon the duration of its life, when asphyxiated	617
Gout, proximate cause and treatment of	595	Injuries of spinal cord giving rise to convulsive affections	561
Great sympathetic nerve, functions of	413	Injuries of nervous system producing turning and rolling phenomena	498
Guy's Hospital	743	Instruction in microscopy	110
H		Insanity, hereditary	199
Handbook, prescriber's complete, by Trousseau and Reveil	801	Instrument for cauterizing urethra	427
Heart, sounds of	135	Interments in London	185
Hereditary insanity	199	International sanitary convention in Paris	190
Hernia, strangulated, reduced during vomiting	202	Intermittent coryza, instantaneous cure of	546
Hernia, strangulated crural, successfully treated with chloroform	280	Inquiry into cause and treatment of gout	595
Hernia, strangulated, new mode of reducing	547	Iodine, effects of, on the glandular system	675
Homœopathy	111	Iodine rendered soluble by syrup of orange peel and tannin	119
Homœopathy; an examination of its doctrines and evidences. By W. Hooker, M. D., &c., bib. notice of	107	Iron, hydrated peroxide of, in poisoning with arsenic	515
Honors of medical men	189	Itch insect	266
Horner, W. E., surgical sketches by	754	Jefferson Medical College, Clinic of	162, 322, 383
Hospital of Protestant Episcopal Church of Philadelphia	537	Jerking movements of stump	458
Hunterian School of Medicine	746	Jewell on mortality of Philadelphia	350, 515, 689
Hydatids of liver evacuated externally	120	K.	
Hydrated peroxides of iron and magnesia as antidotes in poisoning with arsenic	215	King's College Hospital	743
Hydrophobia, case of	464	Kouso, properties of	675
I		L.	
Ice as a local anæsthetic	585	Labor, relaxation of symphysis pubis after	136
Iliac artery, primitive, ligation of	611	Lactation in the infant	50
Illustrated manual of operative surgery and surgical anatomy. By MM. Bernard and Hunter, with notes and additions by W. H. Vanburen, M. D., and C. E. Isaacs, M. D., bib. notice of	260, 533	Lancaster County, observations on epidemic dysentery of	205
Impressions, crossed transmission of, in spinal cord	703	Laryngo-bronchial diphtheritis, or croup in adults	544
Infant, lactation in	50	Laryngotomy, successfully performed	215
Inanition, remarkable case of	268	Latent phthisis pulmonalis terminating suddenly in pneumothorax	273
		Lawsuit of University of Louisville	268
		Lead pipes, action of water on	56

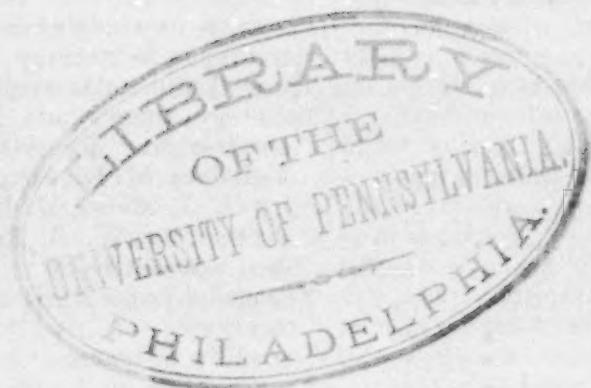
- | | | | |
|---|--|---|--------------------|
| Lead poisoning | 679 | Medical men, honors of | 189 |
| Lectures on principles and practice of surgery. By B. B. Cooper, F. R. S., &c. bib. notice of | 643 | Medical museums | 189 |
| Lepra, sesquicarbonate of ammonia in | 124 | Medical topography of Lancaster county | 205 |
| Letter from Dr. Hastings | 594 | Medical circulars | 267 |
| Ligation of primitive iliac artery | 611 | Medical organization, remarks on | 420 |
| Light, action of a crystallized lens | 553 | Medical student's vade mecum, a compendium of anatomy, physiology, &c. &c. By Geo. Mendenhall, M. D., bib. notice of | 442 |
| Liver, hydatids of, evacuated externally | 120 | Medical Schools of Philadelphia | 733 |
| London Hospital | 463, 744 | Medical Schools of London | 734 |
| London Epidemiological Society | 115 | Medical fees in Spain | 749 |
| London Medical Times & Gazette | 116 | Medicine, a treatise on practice of. By G. B. Wood, M. D. &c. bib. notice of | 659 |
| Lucifer-match making | 680 | Medicines, endosmotic action of | 130 |
| Lung, abscess of, following pneumonia | 463 | Meigs' clinical reports | 322, 383, 436, 586 |
| M. | | | |
| Magnesia, hydrated peroxide of, an antidote in poisoning with arsenic | 515 | Menses, conception after appearance of | 581 |
| Management of fracture of lower end of radius | 146 | Mercury, substitute for in syphilitic diseases | 198 |
| Man, temperature of | 554 | Mercury, test for presence of | 614 |
| Manganese as an adjuvant to iron | 750 | Mercury, examination of ointments containing oxide of | 615 |
| Manual of physiological chemistry By Prof. C. G. Lehman, bib. notice of | 35 | Metritis, case of | 531 |
| Manual of physiological and pathological chemistry. By Dr. A. Moser and Dr. J. C. Stahl, bib. notice of | 35 | Microscope, curiosities of. By Rev. J. A. Wythes, M. D. bib. notice of | 733 |
| Manual of diseases of the skin, from the French of MM. Cazenave and Schedel, with notes and additions. By J. H. Burgess, M. D. and H. D. Buckley, M. D., &c. bib. notice of | 170 | Microscopy, instruction in | 110 |
| Manual of operative surgery and surgical anatomy, illustrated. By MM. Bernard and Huette, with notes and additions by W. H. Vanburen, M. D., and C. E. Isaacs, M. D. bib. notice of | 260 | Microscopic anatomy of the human body in health and disease. By A. H. Hassall, M. D., &c., with additions by H. Vanarsdale, M. D., bib. notice of | 105 |
| Materia Medica | 118, 204, 450, 548, 616, 675, 750 | Microscopic characters of the urine in Bright's disease | 466 |
| Match-making | 680 | Microscopic examination of relaxed uvula | 674 |
| Meaning of term ulceration, as at present applied to uterine diseases | 474 | Middlesex hospital | 744 |
| Measurement of degrees of anæsthesia and hyperæsthesia | 503 | Mineral springs | 666 |
| Mechanism of bronchophony | 456 | Mode of reducing strangulated hernia | 547 |
| Medical Society of Delaware | 49 | Modification of bivalve speculum | 367 |
| Medical News | 55, 184, 264, 392, 345, 503, 537, 666, 747 | Molecular origin of the tissues | 480 |
| Medical Times and Gazette | 116 | Monument to Dr. Jenner | 50 |
| Medical Department of Army | 184 | Monstrosity | 203 |
| Medical department U. S. Navy | 808 | Mortality of the States | 268 |
| Medical Charities | 188 | Mortality of Philadelphia | 350, 515, 689 |
| | | Mummy found in St. Stephen's crypt | 185 |
| | | Munificent donation | 189 |
| | | Muscular contraction | 124 |
| | | N. | |
| | | Nævus removed by heated platinum wire | 197 |
| | | Naval assistant surgeons | 186 |
| | | Naval surgeons | 340 |
| | | “ board of | 185 |

- Nerve**, outline of, with short descriptions, designed for the use of medical students. By John Neill, M. D. bib. notice of 263
- Nerve of organic life**, functions of 413
- Nervous system**, reparative power of 497
- Nerve-tubes**, relation between the organization of, and their vital properties 563
- New medical schools** 748
- New mode of reducing strangulated hernia** 547
- New instrument for cauterizing the urethra** 427
- New lights and new livers** 269
- New York**, appointments in the University of 265
- News**, medical, 183, 392, 445, 593
- Nickel**, use of, in pharmacy 548
- Normal temperature of man** 554
- Northern medical association** 183
- Note on sulphate of berberine** 277
- Notes of a case of latent phthis pulmonalis**, terminating suddenly in pneumothorax 273
- Notes on Bedford Springs** 358
- Notes from my case book** 634
- Novel treatment of aneurism** 412
- Number of physicians in Paris** 412
- Nutrition of muscles during their contraction** 428
- O.**
- Observations on sounds of heart** 135
- Observations on cholera in military practice** 504
- Obstetrics** 186, 473, 546, 618, 647
- Obstetrics**, the science and the art of. By C. D. Meigs, M. D. &c. bib. notice of 441
- Obstinate intermittent coryza** 546
- Occasional organic union of contiguous teeth** 479
- Oleum gaultheriae**, poisoning by 347
- Operation**, Taliacotian 341
- Operative surgery**, system of, based upon the practice of surgeons in the United States, &c. By H. H. Smith, M. D. bib. notice of 438
- Opposition to vaccination** 449
- Orange colored spots without pneumonia** 671
- Ord**, Geo. Esq. 58
- Organic life**, functions of, influenced by nervous system 486
- Organic life**, nerve of 413
- Organizing of American Medical Association** 137
- Origin of the tissues** 405
- Original communications** 1, 69, 137, 273, 341, 413, 481, 546, 617, 753
- Our Journal** 49
- Outlines of the nerves**, with short descriptions, designed for the use of medical students. By John Neill, M. D., &c. bib. notice of 263
- Ovarian tumors**, diagnosis of 604
- Oxygen**, state of, in blood 613
- P.**
- Paracentesis thoracis in pleurisy** 603
- Paralysis**, diphtheritis of glands in 545
- Paraplegia**, successfully treated by ergot of rye 121
- Paris**, cost of the doctorate in 56
- " annual public meeting of the Academy of 117
- Parturition among the Esquimaux** 473
- Pasquier**, death of 188
- Pathological anatomy of spleen in the intermittent fever of Madagascar** 545
- Pathology** 60, 120, 199, 454, 538, 595, 671
- Pennsylvania Medical College** 339, 708
- Pennsylvania Hospital** 184
- " " for insane, report of for year 1851. By T. S. Kirkbride, M. D., bib. notice of 177
- Persistence of life in animals deprived of a medulla oblongata** 565
- Persistence of life in frogs**, after losing half the ventricle of the heart 559
- Pessary**, removal of, after forty-one years' residence in pelvis 616
- Pharmaceutical uses of barium, cadmium and nickel** 548
- Phenomena of turning and rolling**, produced by injuries of the nervous system 498
- Philadelphia county Medical Society** 50
- Philadelphia**, mortality of 350, 513, 689
- Philadelphia College of Pharmacy** 50
- Phillips's review of Bernard's theory of an hepatico-renal circulation** 787
- Phosphorus**, amorphous 680
- Physicians' prescriptions** 50, 265
- " " in Paris 412
- " visiting list, diary, &c. for 1853, bib. notice of 662
- Physiology**, analysis of, &c. By John J. Reese, M. D., bib. notice of 535
- Physiology** 124, 479, 595
- Physiological chemistry**, manual of. By Prof. C. G. Lehmann, bib. notice of 35

Physiological and pathological chemistry after the most recent sources. Prepared by Dr. A. Moser and Dr. J. C. Strahl, bib. notice of	35	Professional appointments	748
Physiology and interchange of matter in plants and animals. By Dr. Jac. Moleschott, bib. notice of	35	Progress of epidemics	449, 666
Pneumothorax	273	Properties of kouso	675
Poisons, mode of action of, on nervous system	698	Protracted fevers, diet in	122
Poisoning by oleum gaultheriæ	347	Proximate cause of gout	595
Poisons causing death by influencing animal heat	550	Prurigo of genital and anal regions	120
Poisoning with arsenic, antidotes in	515	Prune-juice and orange-colored sputa without pneumonia	671
“ by lead	679	Public hygiene, annual report of committee on	1
Poisoning, arsenical	115	Pulmonarp emphysema	538
“ by datura stramonium	199		
“ from external application of cocculus indicus	227	Q.	
Practice of medicine 60, 120, 199, 454, 638, 671		Quackeries, foreign	663
“ “ treatise on. By G. B. Wood, M. D. &c. bib. notice of	659	Quinæ disulphas, solution of by tartaric acid	204
Practical treatise on diseases of lungs and heart. By W. H. Walshe, M. D. bib. notice of	83		
Practical treatise on dental medicine; by T. E. Bond, M. D.	805	R.	
Pregnancy complicated with abdominal tumors	546	Radical cure of reducible hernia, committee on	58
Premature labor, induction of	670	Record of medical science 60, 117, 192, 271, 595, 667, 760	
Preparation of pure fatty acids for manufacture of candles	683	Relaxed uvula, microscopic examination of	674
Preparatory medical school	181	Relaxation of symphysis pubis after labor	136
Prescriber's complete handbook. By Trousseau and Reveil	802	Relative mortality of the States	268, 340
Present to Royal College of Surgeons	449	Remarks on epithelial tumors and cancer of skin	229
Present position in Europe of some of the most interesting and important points of modern surgery	28	Remarks on medical organization	420
Preissnitz, death of	116	“ effects of iodine on the glandular system	675
Primary medical school	56	Removal of foreign body from knee joint	578
Principles of surgery. By J. Miller, F. R. S. &c. Revised with additions by F. W. Sargent, M. D., bib. notice of	535	Removal of a pessary after being forty-one years in pelvis	616
Principles and practice of surgery, lectures on. By B. B. Cooper, F. R. S. &c., bib. notice of	643	Reparative power of nervous system	497
Principles and practice of surgery. By W. Pirrie, F. R. S., &c. Edited with additions by J. Neill, M. D., &c. bib. notice of	643	Reparative power of spinal cord, after complete division	379
Proceedings of Pennsylvania State Medical Society	398	Report of Pennsylvania Hospital for Insane, for the year 1831. By T. S. Kirkbride, M. D., &c. bib. notice of	177
Professional education of dentists	368	Report of committee on public hygiene	1
		Report of joint committee of Philadelphia County Medical Society and Philadelphia College of Pharmacy, relative to physicians' prescriptions	50
		Resolutions relative to resignation of Dr. Bell	443
		Researches on reflex faculty	485
		Researches, experimental, applied to pathology and physiology	481
		Review of materia medica for students. By J. B. Biddle, M. D., &c. bib. notice of	109
		Revolution, French	116

- | | | | |
|--|----------|---|-----------------------------|
| Rolling produced by injuries of nervous system | 498 | Successful case of trephining for compression of the brain | 64 |
| Royal Society of England | 114 | Sulphate of zinc as an antiseptic | 203 |
| Royal free Hospital | 744 | Sulphate of berberine | 277 |
| Royal College of Physicians | 738 | Surgery | 64, 117, 192, 271, 547, 604 |
| Royal College of Surgeons | 739 | Surgical cases | 218 |
| S. | | | |
| Samuel Geo. Morton, M. D., memoir of. By C. D. Meigs, M. D. bib. notice of | 109 | Surgical sketches. By W. E. Horner, M. D. | 753 |
| Sanitary convention in Paris | 190 | Sydenham Society of London | 110 |
| Scarlet fever, lectures on. By Caspar Morris, M. D. bib. notice of | 48 | Symes' originality | 187 |
| School of Anatomy and Medicine, adjoining St. George's Hospital | 746 | Symphysis pubis, relaxation of, after labor | 136 |
| Senseny's history of an epidemic cholera at Chambersburg, Pa., during the summer of 1852 | 774 | Synovial articular inflammation treated with urate of ammonia | 69 |
| Sesquicarbonate of ammonia in lepra and psoriasis | 124 | Syphilis, constitutional and hereditary. By E. Wilson, F. R. S., &c. bib. notice of | 723 |
| Singular case of animal graft | 560 | System of operative surgery, based upon the practice of surgeons in the U. S. By H. H. Smith, M. D., &c. bib. notice of | 438 |
| Sketches of Brazil, including new views on tropical and European fever, &c. By R. Dundas, M. D. &c. bib. notice of | 656 | Syrup of orange-peel and tannin as a solvent for iron | 119 |
| Skin, manual of diseases of, from the French of MM. Cazenave and Schedel, with notes, &c. by T. H. Burgess, M. D., and H. D. Buckley, M. D. bib. notice of | 170 | T. | |
| Softening of brain, following ligation of carotid artery | 122 | Tactile sensibility, central seat of | 626 |
| Sounds of heart, observations on | 135 | Taliacotian operation | 341 |
| Source of vital properties | 481 | Tannate of alumina | 119 |
| Spasmodic diseases, chloroform in | 667 | Tape-worm, cases of | 629 |
| Spasmodic constriction of œsophagus | 544 | Tartaric acid used as solvent of disulphate of quinia | 204 |
| " asthma, case of | 23 | Teeth, occasional organic union of | 479 |
| Spleen, state of, in the intermittent fever of Madagascar | 545 | Temperature of man | 554 |
| Spread of disease and fever in Ireland | 266 | Testimonial to Dr. Lever | 59 |
| St. Mary's Hospital | 744 | Test for presence of mercury | 614 |
| St. George's " | 743 | Therapeutics | 118, 204, 548, 616 |
| St. Bartholomew's Hospital | 454, 742 | Thoughts on study of diseases, with reference to geology | 19 |
| St. Stephen's crypt, mummy found in | 185 | Tissues, molecular origin of | 480 |
| State in which oxygen exists in the blood | 613 | Tokology, theory and practice of, treatise on. By Alf. A. L. M. Velpeau, M. D., &c., translated by C. D. Meigs, M. D. With additions by W. B. Page, M. D., &c. bib. notice of | 45 |
| Stomach, wound of, with protrusion | 271 | Topography, medical, of Lancaster county | 505 |
| Stramonium, poisoning by | 199 | Torpidity of tenrec | 549 |
| Strangulated hernia reduced by vomiting | 202 | Transactions of American Medical Association, bib. notice of | 93 |
| Stricture dilator of Holt | 611 | Transactions of Medical Society of State of Pennsylvania, bib. notice of | 653 |
| Structure of cataract | 198 | Transactions of Medical Society of Virginia, bib. notice of | 730 |
| Study of diseases with reference to geology | 19 | Transmission of impressions in the spinal cord | 703 |
| Substitute for mercury in syphilitic disease | 198 | Transportation of two aortæ into one embryonic vertebrate | 204 |
| | | Treatment of goat | 595 |

Treatise on diseases of air passages, &c. By H. Green, M. D. bib. notice of	662	Urate of ammonia in treatment of acute metritis	531
Treatise on diseases of lungs and heart. By W. H. Walshe, M.D. bib. notice of	83	Urethra, new instrument for cauterizing	427
Trephining for compression of brain	64	Urine, albuminous, causes of	201
Tribute to Dr. Hooker	747	“ microscopic characters of, in Bright’s disease	466
“ Dr. Brown-Séquard	747	Use of tannate of alumina	119
Turning produced by injuries of nervous system	498	Uses of barium, cadmium and nickel in pharmacy	548
Tying of carotid artery	122	Uvula, relaxed, microscopic examination of	674
U.		V.	
Union of contiguous teeth	479	Valentine Mott and the professorship of surgery	185
University of New York	55	Veterinary Journal	56
“ “ appoint-ments in	265	Vital properties, source of	481
“ Louisville lawsuit	268	Voltaic pile	412
“ London	734	W.	
“ College Hospital	745	Wound of stomach, with protrusion	271
Urate of ammonia in treatment of synovial articular inflammation	66	Wurtz alcool entylique	749



of 531
u- 427
201
f, 466
119
el 548
- 674

- 185
56
481
412

n 271
749